DEATHS

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEPT.-65

JOB-31

REEL-16

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. If available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls and 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 7761 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred. Chr. Burkhard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 1 *Months,* 4 *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Apothecary

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. (Augsburg)

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} S. E. Franklin & Fremont.

Cause of Death, First (Primary), Typhoid

Second (Immediate), Haemorrhage of the bowels

Duration of Last Sickness, four weeks.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, Oct 28

Undertaker Jas. H. B. Cook

Place of Business, 707 W. Balto

Louis (C) Horn M. D.
Medical Attendant.

Address, c Mulberry & Myrtle Avs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Ann Jane Hoodhouse Pattison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* —

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mary Land

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 465 N. Grumt St.

Cause of Death, First (Primary,) Pulmonary Consumption.
Second (Immediate,)

Duration of Last Sickness, About Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 28/83

Undertaker, J. B. Cook

Place of Business, 207 W Balto St. *Address* 243 N. Grumt St

E. M. Pan-l M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70703 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Olivia Church

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 16 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 195 Church St

Cause of Death, First, (Primary,) Acute Catarrh, &c.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct. 29 83

Undertaker, Chas A White

Place of Business, 85 Gay street

D W Cathell *M. D.,* Medical Attendant.

Address, 2 W Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70704 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} No. 86 S. Wayne st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Oct 29th 92

Undertaker M. Clarke & Son

Place of Business, 92 S. Ann *Address,* 92 S. Ann

, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70765 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hogan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 77 N. Washington St.

Cause of Death, First, (Primary,) Congestion Lungs

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

At the above late

Place of Burial, Baltimore County

Date of Burial, October 28 1883

J. H. Ellenberg M. D.,
Medical Attendant.

Undertaker, John Mercer

Place of Business, 352 Orleans Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7766 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Geo. Wieland

Sex, Male or Female. {Cross out the word not required in this line.} ~~Female~~

Age, 4 *Years,* 10 *Months,* 28 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 456 W. Pratt

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28 1883 D. L. Steiner M. D.

Medical Attendant.

Undertaker John Heaney

Place of Business, 382 Cross *Address,* 387 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10707

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10707 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfield Scott Mitchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Commission Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and Number.} 1063 N. Balto St.

Cause of Death, First (Primary), Cardiac Obstruction from Obesity

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 28th 1883

J H Keller M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7708 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celine Sinta

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 370 Eastern Ave.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct. 28th 1883

James L. McShane M. D.,

Medical Attendant

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Ave

Address, 49 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Susie Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 161 W Lombard "Maternal"

Duration of Residence in the City of Baltimore, 2 days " "

Place of Death, {Give street and number} 161 W Lombard Maternal

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) — 7 mo Child

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Oct 27

Undertaker, J Kuehnle

Place of Business,

W M Stooh M. D.
Medical Attendant.

Address, 161 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7016 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 / 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Grace Sauerland

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 13 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 173 Penna Ave

Cause of Death,
First (Primary),
Second (Immediate) Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 28

Undertaker C H Blizard

Place of Business, 198 Penn ave

H Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7011 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29th October 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann O'Mara

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 835 N Baltimore St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, 28th October

Undertaker, Weatherson & Gorman

Place of Business, 227 Madison *Address,*

Jno. L. Ruthrauff M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70712 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mackx Burger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 1 *Months,* 14 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 17 35 Fawn st

Cause of Death, First (Primary), Feebleness & Bad Form

Second (Immediate), Infantile Diarrhoea

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Edw St Meth. Cemetery Phila road

Date of Burial, Oct 28. 83

Undertaker M. Goldsmith

Place of Business, 91 N. High St *Address,* 121 E Baltimore st

J. Pilgrim Judge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70713 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Elizabeth Hill

Sex, ~~*Male*~~ ~~*or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 24 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ ~~*or*~~ ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 110 N Mary

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Harpers

Date of Burial, Oct 28 1883

Undertaker S Mchare

Place of Business, 198 Howard St

J Miller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70714 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 2 1883

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Boshow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} 317 E. Eager street

Cause of Death. First (Primary), Cancer of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, One (1) Year

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 30th 1883.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 317 E. Eager

J. E. Elliot M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7715

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7715 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 29 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Kavanagh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore Thirty four yrs.

Place of Death, {Give street and Number.} 14 E. Monument St.

Cause of Death. First (Primary), Appillary abscess

Second (Immediate), Acute degeneration

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Oct 29th 1883

Undertaker James P Byrne

Place of Business, No 63 N Front St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Front. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70716 *Office of Registrar of Vital Statistics.* **Ward** 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. J. Stord

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~1~~ *Years,* ~~—~~ *Months,* 12 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Druid Hill ave

Cause of Death, First (Primary), Imperfect Closure of Foramen Ovale

Second (Immediate), Cyanosis Neonatorum.

Duration of Last Sickness, 12 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, Oct 29th 1883

Undertaker J J Andrews

Place of Business, No 4 x 6 Druid Hill Ave

Thomas Obie M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 19 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elenora Allens

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* — *Months,* — *Days,*

Color, C

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 16 Parkhall below North Avenue

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 28 1883

Undertaker, William N Dunger

Place of Business, No 62 East st

G. H. Ames *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70718 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Shaner

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 287 Alice Anne st.

Cause of Death, First (Primary), pertussis

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th 1883

Undertaker Peter Frey

Place of Business, 91 Eden Av

P. L. Dauel M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11117

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70719 *Office of Registrar of Vital Statistics.* **Ward** 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Hodges

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Sewing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } Kent alley

Cause of Death, First (Primary), Paralysis

Second (Immediate), Inflamation Stomach

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 28 - 1883

Undertaker Wm W Madden

Place of Business, 46 East St

H. A. Lane *M. D.*
Medical Attendant.

Address, 103 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10720

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10720. *Office of Registrar of Vital Statistics.* **Ward** 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Christine Mac

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, {Give street and Number.} 88 Balock St.

Cause of Death, First (Primary),

Second (Immediate). Chronic Diarrhea

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemtry.

Date of Burial, Octo. 30th 1883

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann *Address,* 207 S. Broadway

Nicholas Dutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70721 *Office of Registrar of Vital Statistics.* **Ward** 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Siem

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 3 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Life Since Birth

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} # 66 Thames St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Oct 28th 83

John H Kehlberger M. D.
Medical Attendant.

Undertaker Germ. Franc

Place of Business, Bam'r & Wolfe *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7972 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Eitel

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. } Female

Age, Ninety *Years,* Six *Months,* Three *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria Germany 45 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 295 S. Sharp St

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Cemetery Druitt Park

Date of Burial, 29 October 83

Undertaker Philipp S. Dill

Place of Business,

D E Lancy H Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 10723 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o...* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH REGISTRATION OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kincaid

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Locksmith & Silver Plater

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 154 Schroeder st

Cause of Death. First (Primary).

Second (Immediate) Asphyxiated by Gas

Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 30th 1883 Alexander Tinsley M. D

Undertaker F. Lewis Schaefer Medical Attendant

Place of Business, 109 N Freemon Address Coroner

Extract from ~~Regulations of the Board~~ of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

Permit No. 16724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bowen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 113 N. Eden St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 29/83

Undertaker, Fry Bro

Place of Business, 87 W Pratt

C. C. E. Clein M. D.
Medical Attendant.

Address, 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7725 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octobr 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kolbabeck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Two (2) *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saco City

Duration of Residence in the City of Baltimore, Nine Month

Place of Death, {Give street and Number.} 227 S. Howard Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis cimitery

Date of Burial, Octo 29

Undertaker Forst Evach

Place of Business, corner Jefferson Castle 27

Geo Byer M. D.
Medical Attendant.

Geo Byer Fourteen 14

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16726 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca M. Stabler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, W

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Aged Womens Home

Cause of Death, First. (Primary,) Bronchitis

Second. (Immediate,)

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial, Oct. 30th 1883

Undertaker H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* Waverly Place

Geo H Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7627 *Office of Registrar of Vital Statistics,* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

Date of Death, Oct 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavin Cawbell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 5-9 N. Howard

Cause of Death, First (Primary), Old age

Second (Immediate), Hemiplegia

Duration of Last Sickness, 3 hours

the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Oct 29 1883

Undertaker James F Byrne

Place of Business, No 63 N Front St

Geo Keyser M. D.
Medical ~~Attendant~~.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7072 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Ruppert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 424 E Lombard St.

Cause of Death, First (Primary), Gastro-Intestinal Catarrh

Second (Immediate), Acute Marasmus

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 30 1883

Undertaker John Herring

Place of Business, 382 Orleans *Address,* 117 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 70729 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Albrecht

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* — *Days.*

~~Color~~,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 471 McHenry St —

Cause of death, First, (Primary,) Typhoid fever with Cerebral complication

Second, (Immediate,) Asthenia —

Duration of Last Sickness, btwn 2 & 3 wks —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 30/83 —

Undertaker, Jno. P. Paulus for. m —

Place of Business, 66 Frederick Ave

C C McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7738 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Conselman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White.

Married, ~~*Single*~~, ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and Number.} 120 N. Broadway

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct. 29/83, D. W. Hanck M. D.

Medical Attendant.

Undertaker Jn. A. Davies

Place of Business, 740 S. Calvert, *Address,* 75 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70731 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octo 29 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Gachel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 Pa ave

Cause of death, First, (Primary,) Natal Dis/Hema

Second, (Immediate,) Septicemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30

Undertaker, C Rohde

Place of Business, 48 Penna Ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 73 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7673 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 15 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 252 Hughes St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemet

Date of Burial, Oct 29 1883

Undertaker H. Pass

Place of Business, 95 Commerce St *Address,* 241 Sharp St

W. S. Bing M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70733 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Ruel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* 8 *Months,* 13 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 5 Years

Place of Death, { Give street and Number. } 105 Lexington

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laudenslager Park Cem

Date of Burial, Oct 30th 1883

Howard Cox & Co M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78784 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 63 Burke St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 29th 1883

E Jenkins M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 53 Ellwood St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70735 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Deck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and Number.} 7 Rock St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Uremic poison

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct 29th 1883

J. L. Hall M. D.,
Medical Attendant.

Undertaker, Mrs L. Haas

Place of Business, 317 Bulbessy *Address,* 443 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10736 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael E Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 193 N. Howard St

Cause of Death, First, (Primary,) Cancer of Rectum

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 30th 1883

Undertaker, Wm H Deaver

Place of Business, 202 N Eutaw

W. Mickleburgh M.D., Medical Attendant.

Address, 127 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76737 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

Date of Death, October 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie E Wheeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Sixteen *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 425 Gilmor St

Cause of Death, First, (Primary,) Papillary Bronchitis

Second, (Immediate,) Opnoea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 29 - 83

Undertaker, Henry J Mitchell

Place of Business, 550 W Fayette St Address, No 1 North Ave

H C Rile M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 70738 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1923
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Oct. 29 1923

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza J. Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 3 weeks (about)

Place of Death, {Give street and number.} Celeste Court Rear

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chambersburg Pa

Date of Burial, Oct 30 23

Undertaker, Denny & Mitchell

Place of Business, 530 Mayette St *Address,* 1st Hospital

Simmons Horne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10789 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. D. John Kaufman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1/2 hr *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 83 N Eden

Cause of Death, First (Primary), Asthenia

Second (Immediate), Dropsy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Oct 29

Undertaker John Kaufman

Place of Business, ...

Geo. N. Denson M. D.
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70740 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

Date of Death, Oct. 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith A. Hechler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 7 *Months,* 11. *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 395 N. Gilmor St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 395 N. Gilmor

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup Membranous

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 29th 1883

Undertaker, J. J. Sidney

Place of Business No 416 Druid Hill Ave *Address,*

G. W. Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70741 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday night Oct 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Shmink

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 3 *Years,* 3 *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} Hudson St near Canton St northside

Cause of Death, First, (Primary,) Cancer Mundi torium

Second, (Immediate,) do do

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, S Alphonsus C

Date of Burial, Oct 29 th

Undertaker, Wm B C Sipp

Place of Business,

J E Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore, 188[illegible]

Permit No. 76742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF VITAL STATISTICS
OCT 25 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23rd October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Tuxford

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 66 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 873 W. Pratt St

Cause of Death { First, (Primary,) Exhaustion
, Second, (Immediate,) Chronic Dysentery

Duration of last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 29th 1883

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St

Charles Getz M. D.
Medical Attendant.

Address, 579 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER]

No. 16 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10743 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 8 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.}

~~Occupation~~ None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mt Vernon Balto Co. Md

Duration of Residence in the City of Baltimore, Four (4) Weeks

Place of Death, {Give street and Number.} # 341 Columbia ave

Cause of Death { First (Primary), Pneumonia

Second (Immediate), Spasms

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 29/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 38 W Lanvale

D. L. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7877 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randall Ram

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 303 Eutaw St

Cause of Death, First (Primary), Typhoid Fever,

Second (Immediate) Asthenia

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 29, 1883

Undertaker S. W. Chase

Place of Business, 95 S. Howard

U. S. Berry M. D.
Medical Attendant.

Address, 210 Slaper St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 10745 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 28th October 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Seny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* one *Months,* *Days,*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 4. Spring-garden av.

Cause of Death, First (Primary). Peripneumonia-notha

Second (Immediate). Asphyxia-thymica 9 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Cause

Date of Burial, Oct. 29. 1883

Undertaker G. W. Chase

Place of Business, 198. S. Howard

J. D. Dyer M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10446 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 29 1883 BALTIMORE, MD.

Date of Death, October 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miranda Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 minutes

Place of Death, {Give street and Number.} 47 Parish alley

Cause of Death, First, (Primary,) Consumption Pulmonary

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Oct 30, 1883

Undertaker, S. W. Shaw

Place of Business, 176 E. Howard St. *Address,* Edmondson Ave

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 10747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert H. Bingaman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 229 N. Central Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 30th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

L. Schmeke M.D.,
Medical Attendant.

Address, 51 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10746

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10746 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1883

CERTIFICATE OF DEATH.

Date of Death, October 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Schoenhals

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 183 North Carolina St.

Cause of Death, First (Primary), Typho-Malarial fever.

Second (Immediate), Congestion of the brain with convulsions.

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th

Undertaker Fred Gaede

Place of Business, 29 S. Caroline

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10149 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Edward Smyth

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Five *Years,* None *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No. 435 East Fayette Street

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Three Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 30th

Undertaker Geo. Schilling

Place of Business,

Wm. H. Chandler M. D.
Medical Attendant.

Address, No. 102 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 10758

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRAR'S OFFICE
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Anna Cristopher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 42 S Schroeder st

Cause of Death, First, (Primary.) Bronchitis, Chronic

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 30th 1883

E Meiere M.D.,
Medical Attendant.

Undertaker, H M Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 1079 Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76751 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Lee Beall

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 11 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 247 Baltimore St. Balto.

Cause of Death, First, (Primary,) Catarrhal Bronchitis

Second, (Immediate,) Epidemic.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 31st Oct 1883

Undertaker H.W. Jenkins & Sons

Place of Business, Park & Laurens Sts *Address,*

Alvah Sterrett M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Permit No. 7672

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 29 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph. Kellner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 93 S. Dallas St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 da

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Oct 31st 1883

Undertaker, John Henry

Place of Business, 382 Orleans St *Address,* 87 N. Gilmor St

H. F. Hugh M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7063 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHECKED BY DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Turney

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 29 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Boss Shoveler

Birthplace, { State or country, and how long in the United States if of foreign birth. } Dublin Ireland 5 years

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } 502 Lemmon St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemorrhage from bowels

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 30th 83 D W Cattell M. D.,

Undertaker, Germ. France Medical Attendant.

Place of Business, Pamb & Wolf *Address,* 217 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7075 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beverly Thompkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 132 York St.

Cause of Death, First (Primary), Exhaustion to the atmospheric changes

Second (Immediate) Typho-Malarial Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29 1883

Undertaker H Ross

Place of Business, 95 Conway St

C. O. Reed M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 70165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bruggy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 418 E Lexington St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 30, 1883.

Undertaker, Wallace Cadogan

Place of Business, 227 E Baltimore St

John G Womble M. D.
Medical Attendant.

Address 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 75756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Davis Chappell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* Eight *Months,* Six *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Point lane near Ruggold street

Cause of Death, First (Primary,) Dysentery.

Second (Immediate,) Exhaustion

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 29th 1883

Geo. R. Elwell, M. D.
Medical Attendant.

Undertaker, J J Locke

Place of Business, 413 Jefferson *Address* 537 Hanford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7076 7 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William L Collins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 8 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Edward St Bet Pratt & Hurd

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, About 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27 1883

Geo. H. Bayly M. D.
Medical Attendant.

Undertaker J J Locke

Place of Business, 43 Jefferson *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician is respectfully invited to the items below, and to List of Diseases on back of this Certificate.

16 **Board of Health, City of Baltimore,**

Permit No. 70768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida C. McGee.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt & City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 59 Pine st.

Cause of Death { First, (Primary,) Whooping Cough
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, Oct 29th 1885

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty

Esther Pennington M. D.
Medical Attendant.

Address, 184 N Carrollton a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7767 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann S Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 85 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 546 Cookesh

Cause of Death, First (Primary), Dropsy

Second (Immediate), Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Oct 20th 83

Undertaker Mrs. H. Hickman

Place of Business, 234 N. Gay St

Jno D Blake M. D.
Medical Attendant.

Address, 108 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70760 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10.28.83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. R. Preston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington Co. Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 217 Ballery ave.

Cause of Death, First (Primary), Softening of Brain

Second (Immediate),

Duration of Last Sickness, near 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 31

Undertaker C.W. Bluford

Place of Business, 178 Penna ave

F. H. Eastman *M. D.*

Medical Attendant.

Address, 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Heinz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* .... 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland Infirmary Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Nursery & Childs Hospital

Cause of Death, First, (Primary,) Infantile Debleness

Second, (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 29

Undertaker, E. W. Blizzard

Place of Business, 198 Bond ave

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alfred Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #9 Byrd

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Ft Patrick Comy

Date of Burial, Oct 30

Undertaker B. Hall

Place of Business, 81 West St.

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 70763 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Wroten

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, all 9 years

Place of Death, {Give street and Number.} S Gough St

Cause of Death. First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Oct 30th 1883

Undertaker John Lake

Place of Business, 166 Balto St

Geo. S Kinnemon M. D.
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7767 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cinderella B Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the ward not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 48 Orleans St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days. Saw the case only once

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30 1883

Undertaker Wilhelm Dreyer

Place of Business, 62 East st

T. J. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Sarah E Franklin

Date of Death, Oct 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Hance

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* four hours

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 185 N Calvert St

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Oct 31

Undertaker, Franklin & Hance

Place of Business,

Sam'l J. Baltz M. D.

Medical Attendant.

Address 1134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7766 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel F Ryan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Property Man in Theatre

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } N. E. Cor Fayette & Holliday Sts

Cause of Death, First (Primary),

Second (Immediate), Rheumatism of the heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, Nov 1st 1883.

Undertaker I. Lovitz

Place of Business, # 156 W. Madison St

H. G. Connolly M. D.

~~Medical Attendant~~.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Tobin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 29 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 37 Woodyear st

Cause of Death { First, (Primary,) Chron Bronchitis
Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct 30th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Frank J Flannery M. D.
Medical Attendant.

Address, Wilson & Division Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 10768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct - 29. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John. M. Donaldson

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 29 *Years,* 4 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, City Employe.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md —

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 62 Fawn St —

Cause of Death, { First, (Primary.) Bright's Disease

Second, (Immediate.) Uraemic Poisoning —

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 31st 1883

John J. King M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 215 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Schedule below. [illegible] of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 76769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Tupper Pausch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Savanah Ga

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number} 35 Fairmount Ave

Cause of Death, First, (Primary,) Chronic Malarial Poisoning

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Octobr 30th 1883

Alfred Wanstall M. D.
Medical Attendant.

Undertaker, Wm H. McKenzie

Place of Business, No 234 Gay St

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 76770 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jaroslav A Maaspust

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 130 N Chapel St.

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cimitery Catholic

Date of Burial, Oct 30

Undertaker Forst Evath

Place of Business, cor Jefferson and Isabella st

J Kalvellenberg M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 83

Full Name of Deceased, {Write legibly and spell correctly. If infant not named, give names of parents.} Ismael Edward Cambrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S N Grosvenor St

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 53 N Grosvenor

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th 1883

Undertaker, J. H. Loane Co

Place of Business, 53 & W. Fayette St *Address,* 166 W. Fayette

Chas W Frees M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Lerner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 496 Light + Pleasant Lane

Cause of Death, First (Primary), Endocarditis + Disease of Valves of the Heart + Congestion

Second (Immediate), Hypertrophy of Heart + Congestion

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 30 of October 1883

Undertaker B. Earle

Place of Business, 82 West Street.

Vernon Gott M. D.
Medical Attendant.

Address, 1446 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10773 ; *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Kempf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 161 Lemmon St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, 31 of October

Howard Bate M. D.
Medical Attendant.

Undertaker B. Keale.

Place of Business, 82 West Pratt. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10774 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenas Leo France

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 33d Aisquith Street.

Cause of Death, First, (Primary,) Rubeola.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct-30th/1883

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Samil S. Sowell, M. D.,
Medical Attendant.

Address, # 29 Aisquith Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7677 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Bacon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 8 *Months,* 0 *Days,*

Color, Light Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} No 71 Johns Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Marasmus

Duration of Last Sickness, Three Days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30. 1883

Undertaker Alex Hennessy

Place of Business,

B F Bohn M. D.
Medical Attendant.

Address, Cor Druid & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 70776 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Readis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 210 Dover St

Cause of Death, First (Primary), ...

Second (Immediate) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 30

Undertaker Ellis

Place of Business, ...

Geo H. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70777 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1883 6th a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Shelby

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give Street and Number. } St Josephs Hospital

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, October 31/83

Undertaker H Schultheis

Place of Business, ... *Address,* .....

O. J. Costin M. D.
188 Eutaw St
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10778 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 8½ Bruce Alley

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, Oct

Undertaker W H Bishop

Place of Business, ...

Geo. F. Benson M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78779 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Burton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 2 Lucas Ct

Cause of Death, First (Primary),

Second (Immediate) Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Oct 30

Undertaker E Kinehan

Place of Business,

A Brentheiser M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70780 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Scrannage

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* ~~Months,~~ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 5 Durham st

Cause of Death. First (Primary), Diphtheria —

Second (Immediate), — Croup —

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemt.

Date of Burial, Oct 30/83

Undertaker T. J. Locke

Place of Business,

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70781 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Butler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 2 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 186 N. Bethel st

Cause of Death, First (Primary), Pneumonia duplex

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn & Green

Date of Burial, Oct 30 83

Undertaker E J Leith

Place of Business, #73 Jefferson st

P. G. Darrell M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6762 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Webster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 253 Hughes St.

Cause of Death, First (Primary), Spinal-Meningitis

Second (Immediate), Typhomania et Coma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30 1883

Undertaker Geo W Perkins

Place of Business, 217 Hanover *Address,* 146 Hill St.

J. D. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7078 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hester A. Chamberlain.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and Number. } #75 Lombard near Sharp

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate), do

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, October 30 1883

Undertaker H. Ross

Place of Business, 95 Conway St

Medical Attendant. M. D.

Address, 151 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7787 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Preston Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Messenger-boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and Number.} 65 Church St

Cause of Death, First (Primary), Exposure to the changes atmospheric

Second (Immediate), Typho. Malaria Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 30th 83

Undertaker Samuel A. Chase

Place of Business, 198 Howard St

L. A. Lee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70780 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29 Th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine E. McGinty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* 3 mos *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 309 Bank Street,

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage,

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bone Hill

Date of Burial, Oct. 31st 1883

James A. McShane M. D., Medical Attendant.

Undertaker, Henry Keech

Place of Business, 309 N Paca St *Address,* 417 E. Pratt Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10786 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th; 7:30. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Hartman,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* ——— *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 159 Dover Street.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood poisoning & Bronchitis,

Duration of Last Sickness, 4 (6) wks.

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 31st 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* Cor. Charles Ave & Pleasant sts.

Edward Chenoweth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 63

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha L. Lapsley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} cor. Orleans & Central Av.

Cause of Death, First (Primary), Enteritis & Convulsions

Second (Immediate), Convulsions

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 31 /63

Undertaker J. L. Passig

Place of Business, 126 Orleans,

Edward J. Wm Dorsett M. D.
Medical Attendant.

Address, 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 70788 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 31 1883 BALTO.

CERTIFICATE OF DEATH.

Date of Death, 30th day of Octr. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grimmel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forrest Str. N 127.

Cause of death, First, (Primary,) Pulmonary Inflammation

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 1/83

Undertaker, C F Rau

Place of Business, 62½ W Balto St *Address,*

Jno. Hyson, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10789 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 31 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Holland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* 1 *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} Cor. Bank & Caroline St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 31 83

Undertaker Wendell & Bro

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 7790

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7790 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jerscheid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} # 257 S. Bond St.

Cause of Death,
First (Primary), Croup (Diphtheritic)
Second (Immediate),

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, November 1st 1883

Undertaker Leonhard Kurz

Place of Business, 253 S. Bond St.

John H. Rehberger M. D.
Medical Attendant.

Address, 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7079 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emmet Webb

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 261 Orleans St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty.

Date of Burial, Oct 31/83

Undertaker T. J. Locke

Place of Business,

Jno. H. Dennis M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this ...

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, in his 41st *Years,* *Months,* *Days.*

Color, black *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Born in 1842 lived always

Place of Death, {Give street and number.} No 30 Bolton St

Cause of Death, First (Primary,) Acute Phthisis

Second (Immediate,) acute " "

Duration of Last Sickness, about eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1. 1883

Undertaker, Alf Hemsley

Place of Business,

Edw H White M. D.
Medical Attendant.

Address 109 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70793 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 29th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. C. Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 Lee St.

Cause of Death, First (Primary), Malaria fever et diarrhesis

Second (Immediate), Exhaustion et coma

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Md.

Date of Burial, Nov 1st 1883

Undertaker Peat Davis

Place of Business, 163 Lee st

L. D. Gles M. D.

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7074 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SECOND REGISTRAR
OCT 31 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th; 8:10 P. M.;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Filzpatrick,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 6 *Months,* — *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} #165 Dover St.

Cause of Death, First (Primary) Phthisis pulmonalis.

Second (Immediate)

Duration of Last Sickness, 3 years.

the above information should be furnished by the Physician.

Place of Burial, St. Patricks County

Date of Burial, Oct. 31st 1883

Wm. H. Eberle, M. D.
Medical Attendant.

Undertaker John S. Hasslinger

Place of Business, No 150 Lombard Address, Cor. Columbia Ave. & Pt. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70795 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Simon Rosenfeld

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany.—

Duration of Residence in the City of Baltimore, 47 Years.—

Place of Death, { Give street and Number. } 76 Green St. Balto.

Cause of Death, First, (Primary,) Chronic Bronchitis & Prostatic Enlargement

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, November 1

Undertaker, W. Eilau

Place of Business, 191 Gough St. *Address,*

Hart Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 70796 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Straw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 149 N Gay St

Cause of Death, First (Primary),

Second (Immediate). Intemperance & Exposure

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, October 31

Undertaker Wm Eilau

Place of Business, 101 Gaught St

F. G. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie M Richter

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months.* Two *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 71 St Peter St

Cause of Death. First (Primary), Infantile Convulsions

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 1st

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw st *Address,* 136 Columbia Ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70798 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October, 30th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J. Fitzer Jnd.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* 9 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Physician

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Eight Years - In U.S. since 1850.

Place of Death, { Give street and Number. } 166 Saratoga St

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, About twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Carlisle Pa

Date of Burial, Nov 2d 1883

A Lr Shorter M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 45 N Gay St Address, 11 S. Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2

Board of Health, City of Baltimore,

Permit No. 75799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 31 1889
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Louisa Kirchgessner

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 98 Eden St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) .....

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, October 3/4

Undertaker, M. Gaughan

Place of Business, 35 Eastern Ave

John A Schultz M.D.,
Medical Attendant.

Address, 1 E Lan Lough & Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7880 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* One *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death. {Give street and Number.} No [redacted] E. Eager Street

Cause of Death. First (Primary), Scarlet Fever.

Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 1st

Undertaker Leo Schilling

Place of Business,

Wm. H. Clendinen M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7801 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED OCT 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 31 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin C. Paxton

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Injury of Skull from a fall

Second, (Immediate,) Paralysis

Duration of Last Sickness, Eight weeks and five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 1

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

C. Truett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7582

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7582 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octr. 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Stevens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, W

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 3 — 5 —

Place of Death, {Give street and Number.} 357 William st

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Cem

Date of Burial, October 31st

Undertaker B. Hull

Place of Business, 62 West Pratt

Chas E Ellis M. D.
Medical Attendant.

Address 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70F23 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B & D Bruce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Hour *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 164 Bond St

Duration of Residence in the City of Baltimore, a

Place of Death, {Give street and Number.} 164 Bond St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 1

Undertaker, W Fisher

Place of Business, ——

L W Bowers M. D., Medical Attendant.

Address, 162 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10807 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Swan

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wood Carver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles County Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 393 Mckeldery st- Extended

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Months

the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Nov 1 1883

Undertaker William Bourgeois

Place of Business No 62 East st

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70805 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Woodyear St

Cause of Death, First (Primary),

Second (Immediate) Insanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Nov 15th

Undertaker Wm Dungee

Place of Business,

Geo. N. Dixon M. D.
Medical Attendant.

Address, 22 S Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70806 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angus Harry Connor

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 62 President St

Cause of Death, First (Primary), Croupous Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 1 1883

Undertaker James S Byrne

Place of Business, No 63 N Front St

G. S. Kinnear M. D.
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7080 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 183 Aisquith

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 1 1882

Undertaker James P Burns

Place of Business, No 63 N Front St

D. Sheets M. D.
Medical Attendant.

Address, 1434 Eden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10808 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kemp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 134 S. Dallas St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 1st

Undertaker H. Lurtz

Place of Business, 35 E. Lee Address, 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lelara Allen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* ~~7 Months 6~~ *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lebanon Tenn

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 264 Biddle St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Heart disease (Edema)

Duration of Last Sickness, ten or twelve years

All the above information should be furnished by the Physician.

Place of Burial, St Mark's M. Cem

Date of Burial, Nov 1st 1883

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

E. Ridgely Bauer M. D.
Medical Attendant.

Address 142 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 7 0 8 1 0

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kellner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 S. Dallas St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 10 ds

All the above Information should be furnished by the Physician.

Place of Burial, St Paules Cemetri

Date of Burial, Nov 1st 1883

W. F. Huget M.D.,
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 89 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7581 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Uncles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Master of water works Balto & Ohio water Line

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elliott City ✓

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 52 north Sopplelm

Cause of Death, First, (Primary,)

Second, (Immediate,) Pleuro Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore

Date of Burial, Nov 2. 1883

Undertaker, J.B. Cook

Place of Business, 707 W. Balto St.

D. P Hoffman M. D.,
Medical Attendant.

Address, 276 west Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V Lowry

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 10 *Years,* 2 *Months,* — *Days,*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 3 ~~Fr~~ E Lombard oh

Cause of Death. First (Primary), Dysentery

Second (Immediate), Asthenia

Duration of Last Sickness, 6 Days

the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Nov 1st 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 97 So. Bway

J. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 7883 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cuny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bartender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Unknown

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 1st 1880

W. H. Leland M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, ~~the~~ full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70814 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Hammond

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, wht

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 183 Fouston

Cause of Death, First, (Primary,) consumption of lungs

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, October 2nd

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 209 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7875 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Keehner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 63 Union St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ex haustion

Duration of Last Sickness, 3 years

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, November 3. T. Ricket, *M. D.*

Medical Attendant.

Undertaker Walter Immel

Place of Business, 315 W. Biddle St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70816

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 70816 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew J. Gibson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* 26 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } ~~Diphtheria~~ 4 Smyth St.

Cause of Death, First (Primary), Diphtheria Croup.

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 1 st

Undertaker H. C. Windefeld

Place of Business, 90 Greenmount Ave *Address,* 82 Eastern Ave

Edward F. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7617 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 95 Plum alley

Cause of Death, First (Primary), ...

Second (Immediate) Stasmus

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Sharp

Date of Burial Nov 1st

Undertaker S Wilcox

Place of Business, ...

Wm. H. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

70878

Board of Health, City of Baltimore,

Permit No. ~~30450~~ *Office of Registrar of Vital Statistics.* Ward #20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Skurpew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 192 Mosher St.

Cause of Death, First, (Primary,) Injury to Hip joint by Fall

Second, (Immediate,) Paralysis of Bowels

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Nov 2d 1883

John Neff M. D.,
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 306 N. Gaudlin Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days,* 7

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 1/83.

Undertaker, Frank McVeagh

Place of Business, Pursuit & Tunnell

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 50820 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Louisa Beck

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 6 *Months,* 24 *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 582 Pennsylvania Ave.

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Grave Yard

Date of Burial, 3d day of October

Undertaker Eugene Heuschel

Place of Business, 238 N. Biddle St.

H. J. Houck M. D.
Medical Attendant.

Address, Cor Carey & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70821 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence K Loetscher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 S. Gay St Central Dist

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, November 2, 1883

Undertaker, Henry Hoerle

Place of Business, 389 Central Ave

Baltimore, M. D.,
Medical Attendant.

Address, 266 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10822 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. P. Clausen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 15 *Days,*

Color, wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 312 Aisquith

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, Nov. 2. 1883

Undertaker H. Sanders & Son

Place of Business, 252 Canton Av. *Address,* 57 Co. Thos Ave

E. H. Whitney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10523

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76823 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 20 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 2 Years

Place of Death, {Give street and Number.} Alley No 2 Eden abv Caroline

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Oct 31

Undertaker M. Clark & Son

Place of Business, 92 S. Ann

R. M. Moffit M. D.
Medical Attendant.

Coroner's Office

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 76824 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Martin Mayer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, { Give street and Number. } 232 S. Sharp St.

Cause of Death, First (Primary), Bronchial Congestion

Second (Immediate), Meningitis

Duration of Last Sickness, Lifetime

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 2nd 1883

Undertaker Ernest Schlosman

Place of Business, 181 Sharp St. *Address,* 110 S. [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore,

Permit No. 70820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 Oct. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Crane

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, — *Years,* 17 *Months,* — *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N. 110 Regester near Bank

Cause of Death, First (Primary,) Chronic Bronchs. Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov 2d 83

B. F. Lemmon M.D.
Medical Attendant.

Undertaker, G. Frame

Place of Business, Bank & Wells

Address, 314 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70826 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st, 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wolfe

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months.* *Days,*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 25 Fountain st.

Cause of Death. First (Primary),

Second (Immediate), Peritonitis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Nov. 2nd 83

J. F. Watts, M. D.
Medical Attendant.

Undertaker G. France

Place of Business, Banks & Wolf *Address,* 24 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1082

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10827 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Miskell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 73 Eastern ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Months

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 2d 1883

Undertaker James P Byrne

Place of Business, No 63 N Grand Av

Geo B Lyon M. D.
Medical Attendant.

Address, 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 7828 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha. Jenkins.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 23 *Years,* — *Months,* *Days,*

Color, Colored.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washwoman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 10. Eden St. court.

Cause of Death, First, (Primary,) Typhoid Fever.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 2 1883

Undertaker, Alf Hemsley

Place of Business,

J. E. Heard - M. D.,
Medical Attendant.

Address, 216. E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7829 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st; 4:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Thomas Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 6 *Months,* ——— *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, A number of years.

Place of Death, {Give street and Number.} No. 4 Ryan St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year.

the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Nov 2 1883

Undertaker L. Bass

Place of Business, 95 Conway St

Wm A. Aberdeen M. D.
Medical Attendant.

Address, Cor Columbia Ave & Bennet St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 70830 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A Baile

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 65 Elliot Lane

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Nov 2 1887

Undertaker H B Ross

Place of Business, 95 Eastern Av

W S Bond M. D.
Medical Attendant.

Address, 21 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7883 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Amelia Schaub

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 59 South Paca st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 3 1883

Undertaker John S. Mackie

Place of Business, No 150 Lombard st *Address,* 76 S Paca st

I. H. Emery *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7832 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Knight Lasch

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 209 Battery ave.

Cause of Death. First (Primary),

Second (Immediate), Diphtheria.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Nov 3rd 1883

Undertaker Geo B Cook

Place of Business, No 709 n Baltimore

Edward R Ward M. D.
Medical Attendant.

Address, 248 N Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

No. ...

Board of Health, City of Baltimore.

Permit No. 7833 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony P. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 23 *Days.*

Color, Whi.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mt C Carr Mills - Washington Road

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Mt Clare Mills - Washington Road

Cause of Death, First (Primary),

Second (Immediate), Scarlet Fever ✓

Duration of Last Sickness, Five & 1 Days.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Nov 2nd 1883

Undertaker John H. Ries

Place of Business, 858 W. Pratt St

W. L. Lyon M. D.
Medical Attendant.

Address, 387 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70864 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Reimer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tayloress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Mecklenburg)

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 58 Ridgeley & Hanover sts

Cause of Death, First, (Primary,) Chronic Catarrh of Intestines

Second, (Immediate,)

Duration of Last Sickness, 7 months

All the above Information should be furnished by the Physician.

Place of Burial Loudon park Cem

Date of Burial, Nov. 4th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 120 Lee st.

Dr. W. Heitmann M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 70835 — *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Shanley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} foot South Stockbridge River Green

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Nov 3

Undertaker, B. Gaul

Place of Business, 42 West St

Le H. Thomas M. D.,
Medical Attendant.

Address 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70836 ; *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Adler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bell

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 120 Hanover St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Eden St

Date of Burial, Nov 4th

Undertaker F. N. Toall

Place of Business, #131 Hanover

Martin Cox M. D.
Medical Attendant.

Address, 26 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 10837 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie McNamara

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 231 S. Exeter St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 16 Days

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Nov 2d 1883

Undertaker, Henry W. Means

Place of Business, 459 W Gay St *Address,* 227 Carollton Ave

Jno. F. Powell, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 70838 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Hinterocke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 157 Chew St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 2nd 1883

James Bacon M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* Cor Arlington Ave. & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7585 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pottgieser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 14 Anthony st

Cause of death, First, (Primary,) Inflammation

Second, (Immediate,)

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Nov. 3th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,*

F M Wiam *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70870 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ephraim S. Lemmill

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* 4 *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Potter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } York Co. Pa

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, { Give street and Number. } 22 N. Concord St.

Cause of Death, { First (Primary), Phthisis.
Second (Immediate), 9 Months. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Nov 3 d

Undertaker H C Wiedefeld

Place of Business, 90 Greenmount Ave

Edward P. Mildrick M. D.
Medical Attendant.

Address, 57 Concord St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of | ...sicians is respectfully invited to the Remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 70841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Smith

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 2 Fiddler alley

Cause of Death First, (Primary,) Popliteal Abscess

Second, (Immediate,) Septicaemia

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3, 1883

Undertaker, Wm J. Grant

Place of Business, 65 Mulberry

F. L. Keller M. D.
Medical Attendant.

Address, 146 N. Eddo St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...n's Special Attention of Physicians is ... Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 76842 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Miller

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.} Male

Age, 10 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} # 5 Morris alley

Cause of Death, First, (Primary,) Scrofula + Pott's disease of spine

Second, (Immediate,) Paralysis - and Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial Sharpe St Cemetery

Date of Burial Nov 2 1883

Undertaker, William Bourne

Place of Business, No 62 East st

Truman F Hill M. D.,
Medical Attendant.

Address, 17 N. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70843 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Donly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, / *Years,* 7 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 16 Walsh nr Lafayette Market

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 4. 83

Undertaker, Martin Baker

Place of Business, 128 Townsend St

J. A. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 78844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kieath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 12 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 199 N Durham St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cimitery J. H. Bolton M. D.

Date of Burial, Novam 2 Medical Attendant.

Undertaker, Forst and Evans

Place of Business, corner Jafferson and East St *Address* No 239. N. Caroline St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70845 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Jacober

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 296 W Pratt st

Cause of Death, First (Primary), Erysipelas Shock & Exhaustion

Second (Immediate), Hemorrhage

Duration of Last Sickness, 3 days.

All the above information should be obtained by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 4th 1883. Alexander Finley M. D.

Medical Attendant.

Undertaker Ph. Seewald.

Place of Business, 35 S. Eutaw *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70846 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Roles

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twenty two years.

Place of Death, {Give street and Number.} No 22 Orchard St

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate),

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4. 1883

Undertaker Alex Hemsley

Place of Business,

H H Starr M. D.
Medical Attendant.

Address No 58 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 70847 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov, 2nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Yerskeid

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 257 S. Bond St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, S. Paulus Cemetery

Date of Burial, Novemb. 4 1883

Undertaker Leonhard Veurz

Place of Business, 277 S Bond St

John H. Rehberger M. D.
Medical Attendant.

Address, 1143 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 70848 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1883 11 1/2 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Pinkerton

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Marys Co Md

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death. { Give street and Number. } St Josephs Hospital

Cause of Death. First (Primary). Paralysis

Second (Immediate). .....

Duration of Last Sickness, 10 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. James R.C. Byard

Date of Burial, Nov. 3. 1883

Undertaker M. A. Daiye

Place of Business, 74 S. Bury

Oscar J. Corkery M. D.
Medical Attendant.
for Jos H. Pratt M.D.

Address, 188 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 10849 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, October 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Larkin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oxford N J Five Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Mangling of lower limbs

Second (Immediate). Shock & Collapse.

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 2nd 1883

Undertaker Daniel Filgner

Place of Business, 109 West St

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78850 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Launders

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} ~~H Baltimore St~~ 21 N Dallas

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) .....

Duration of Last Sickness, a few month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 4th 1883

Undertaker, B. M. Chase

Place of Business, 199 S Howard St

D M Cathell M. D.,
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore,

Permit No. 70857 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Finkelstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 58 Market Space

Cause of Death, First (Primary),

Second (Immediate), [redacted] Diphtheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 4/83

Undertaker C & F Race

Place of Business, 624 W Balto

A Strassheimer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 78862 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie J. Lowrey Purnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 367 E. London St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Old Road

Date of Burial, Novem 3rd 1883

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 1116 E. Broadway

T. L. Griffiths M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore.

Permit No. 70863 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Crawford

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 64 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland & Balt

Duration of Residence in the City of Baltimore, 60 Yrs.

Place of Death, { Give street and Number. } 989 Cranford Av.

Cause of Death. First (Primary), Chronic Bronchitis and Senile Decay

Second (Immediate), Asthma

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Novem 5th 1883

J. L. Wilson M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Coleman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 243 Dover

Cause of Death First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Shark Decatur

Date of Burial, 11-4-83

Undertaker, Jacob Davis

Place of Business, 165 E. St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burnn Wade.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 713 N. Fayette

Cause of Death, First, (Primary,) Acute bronchitis infantile

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 3

Jas. G. Hutchins, M. D.
Medical Attendant.

Undertaker, C. W. Blizard

Place of Business, 1708 Penna Ave

Address, Fayette & Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 70866 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 7 Abraham St

Cause of Death, First (Primary), Congestive Chill

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 3 - 1883

J. G. Connolly M. D.
Medical Attendant.

Undertaker W. T. Madden

Place of Business, 715 East Dr. *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

15

Board of Health, City of Baltimore,

Permit No. 70867

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward George

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 C York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Nov 3 1883

Undertaker, H Ross

Place of Business, 95 Lombard St

R. Tu. Bolt. M.D.,

Medical Attendent.

Address, 210 N Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of [illegible]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1883. ~~Dec~~ Lovebee

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwards Howard ~~Lovebee~~

Sex, Male or Female, {Cross out the word not required in this line.} Male ~~Female~~

Age, ~~3~~ 4 *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 415 N. Fremont Street.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 415 N. Fremont Street

Cause of Death, First (Primary,) Diphtheria,

Second (Immediate.) Heart failure.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Nov 4th

Undertaker, W Lippard

Place of Business,

Henry L Byrd, M. D.
Medical Attendant.

Address 127 N. Arlington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70859 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dantzich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 E Lombard St

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, ~~Oct~~ Nov 4th 1883

Undertaker, I. Loritz

Place of Business, # 156 N. Madison St

D M Cuthell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 70,860 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Akers

Date of Death, Nov 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Akers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 155 Hughes St

Cause of Death, First (Primary),

Second (Immediate), Diarrhea (Chronic)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Nov 4 1883

Edward Cook M. D.
Medical Attendant.

Undertaker Samuel Owen

Place of Business, 263 Light *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause ... except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 70861 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Gains

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, Years, 5 Months, Days,

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 133 Sterling St

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 / 1883

Undertaker, J. J. Lock

Place of Business,

A. J. Kennedy M. D.,
Medical Attendant.

Address, 186 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 76862 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Devin

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 215 N Gilmor St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Heart failure

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Catholic

Date of Burial, Nov 6

Undertaker, P McGinnis

Place of Business Address,

Chas A Doman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Martin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 103 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give street and number} 24 Dunberry Alley

Cause of Death {First, (Primary,) Old age

Second, (Immediate,) Dropsy

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 3 1883

Undertaker, William A Engle

Place of Business, 62 East St

O. H. Bonson M. D.

Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No 78867 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate),

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Nov 3

Undertaker H W Mears

Place of Business, 45 N Eutaw St

Edw J Mulholland M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7865 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Wegner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Rheumatism & Mentation of Bowels

Second (Immediate), assisted

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 4

Undertaker Jos H Booth

Place of Business, 707 W Baltimore

West M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 10646 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Petith,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 6 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and Number.} 160. Columbia Ave,

Cause of Death, First (Primary), Trismus Nascentium,

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, November 4th 1885

Undertaker W. H. Jr Dill

Place of Business, 183 Columbia Address, 273 Lexington

John L. A. Frazer M. D.
" "
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Permit No. 70867

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J. Lipp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Birthplace Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 293 Biddle st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Lone Brae

Date of Burial, Nov 5th 1883

Undertaker, Perry & Mitchell

Place of Business, 530 W Fayette st

E. Mcsherry M.D.,
Medical Attendant.

Address, 427 E Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the REMARKS below, and to List of Diseases on Back of this Certificate.

12

Permit No. 76868

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Murray.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New Jersey 35 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #304 Hoffman St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Athenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 4th 1883

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Robt L Wilson M.D.,
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70869 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Burns

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 388 Hanover st

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 4 83

Undertaker Armstrong & Dove

Place of Business, 263 Lee *Address,* 110 Fort av

O. A. Coles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10870 *Office of Registrar of Vital Statistics.* Ward 20

The Physicinh who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 4 1883

Date of Death, Nov. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 mos — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 12 Little Pine St

Cause of Death,
First, (Primary,) Convulsions
Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 4 1883

Undertaker, Abf Hennely

Place of Business, ...

Chas H. Ruby M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7871 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Gent.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 6 *Days,*

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 Whatcoat St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 14 Whatcoat.

Cause of Death, First, (Primary,) Lock Jaw (Tetanus)

Second, (Immediate,) ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 4. 1883

Undertaker A. C. Hennelly

Place of Business, ... *Address,* ...

G. W. Sims *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 70872 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Wyatt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and Number. } 300 N Broadway

Cause of Death. First (Primary), Carcinoma

Second (Immediate), Exhaustion

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 4th 83

Undertaker Wm. H. Hickman

Place of Business, 284 N. Gay St. *Address,*

E. C. Flood M. D.
Medical Attendant.

E. C. Flood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 10873 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Hirsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* — *Days.*

Color, col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 271 N. Eutaw St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4th 1883

Undertaker, W H Bishop Jr

Place of Business, 97 Druid Hill ave

R. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10874 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B. A. Flint

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* — *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 10 Wayne ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 5th

Undertaker, M. S. Davis

Place of Business, 202 W Balto St

H. F. Hill *M. D.,*
Medical Attendant.

Address, 443 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 7085 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* 14 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 894 W Pratt st

Cause of Death. First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 5

James Boozley M. D.
Medical Attendant.

Undertaker Joseph Cook

Place of Business 707 W Baltimore *Address,* 319 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 10876 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days,*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 Pierce St. City

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and Number.} No. 54 Pearl Alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Convulsions

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Nov 4 1883

Undertaker William Bonger

Place of Business 462 East St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

Permit No. 10877 *Office of Registrar of Vital Statistics.* **Ward** 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dortha Lena Burns,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 502 E. Fayette st.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bolgfarnus Cemetri

Date of Burial, Nov 5 1883

Undertaker John Hennessy

Place of Business 382 Orleans St *Address,* Balt. & Hail. sts.

G. Glanville, Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 7087 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Hogan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* ~~Months~~, 5 weeks ~~Days~~,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 167 E. Baltimore

Cause of Death, First (Primary), Bad Nourishment

Second (Immediate), Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov 4th 1883

Undertaker John Lake

Place of Business, 166 E. Balto St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 10819 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 4 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Hammond

Sex, ~~Male~~ or Femalc, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and Number.} 4 S Calhoun

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Nov 4th 1883

Undertaker, E Bloomfield

Place of Business, 520 Eutaw

A C Pole M. D.,
Medical Attendant.

Address, No 1 Mt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 7883 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth W. Thrasher.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Eighty Two (82) *Years,* *Months,* *Days,*

Color, White

~~Married~~ ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give street and Number.} No 173. N Charles St. Baltimore Md

Cause of Death,
First, (Primary,) Rheumatism.
Second, (Immediate,) Visceral Rheumatism. Pneumonia. Bronchorrhea.

Duration of Last Sickness, about twenty (20) years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 5' 1883

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts

W. C. Van Bibber M. D.,
Medical Attendant.

Address, 47. Franklin St.

NOV 5 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 70881 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
NOV 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 177 Ramsay a

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, Three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 5 1883

H. L. Lyon M. D.
Medical Attendant.

Undertaker Matthew Cadogan

Place of Business 227 Mulberry st *Address,* 3876 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 7082 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Pflecht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* 24 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor Tailor Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 202 N Bond St

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bd Christian Cem

Date of Burial, Nov 6 th 1883

Undertaker W. Dippel

Place of Business, 13 E Balto St

Geo. H. Bowen M. D.
~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 70823 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Jacobs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 296 W. Balto. St

Cause of Death, First (Primary), —

Second (Immediate), Atelectasis Pulmonum

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 4th 1883

Undertaker W. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 158 S. Paca St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 70884 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth B Gibbs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mississippi

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Injuries receiv. on P. W & B. R R

Second (Immediate) Fract Skull &c

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C

Date of Burial, 5th Nov. 1883

Alexander Fraley M. D.

Medical Attendant.

Undertaker H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 70885 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE

Date of Death, November 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. L. Chaney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* Eleven *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } British city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 379 E. Eager Street

Cause of Death, First (Primary), Rubeola & Diphtheritis

Second (Immediate), Asphyxia

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemy

Date of Burial, Tuesday Nov 6th

Undertaker Henry Hoeck

Place of Business, Central ave

D. L. Dietz M.D.
Medical Attendant.

Address, E. Eager Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness (or the Coroner, when the case comes under his notice), to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 76876 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M W Tapman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 240 Lamanse

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 5 1883

Undertaker, Cunningham

Place of Business, 263 Light

H W Webster M. D.,
Medical Attendant.

Address, 57 Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76887 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1883

CERTIFICATE OF DEATH.

Date of Death, November 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Pachmayer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 25 Peach Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, Abt 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6th 6 —

Undertaker Interstate Brick

Place of Business, Henriette 81

R. H. Bice M. D.
Medical Attendant.

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... ficate.

Board of Health, City of Baltimore,

Permit No. 70888 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE

Date of Death, Nov. 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linnie Long

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 44 S Bremen al

Cause of Death,
First, (Primary,) Inability to swallow food due to paralysis & Concentrated Lye
Second, (Immediate,) In contraction of Oesophagus from same

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial Nov 4 1883

Undertaker, Alex Hendley

Place of Business, ...

B. A. Gunner, M. D.,
Medical Attendant.

Address, 215 South Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76889 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov. 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Heiss

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 7 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 154 Eastern

Cause of Death. First (Primary), Acute membranacea

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 5 1883

Undertaker C. L. Weber

Place of Business, 60 Greenmount Av *Address,* 154 E. Baltimore

J. Slattery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70690 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE

Date of Death, Nov 4th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kelly

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 29 Stiles st.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 5th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St.

J. H. Irwin M. D.

Medical Attendant,

Address, 315 E Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7089 / *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah A. Pearce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 11 *Months,* *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 270 North Bond Street

Cause of Death, First (Primary),

Second (Immediate). Typho Malarial Fever

Duration of Last Sickness. Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 6th 1883

Wm. H. Clendinen M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 46 N. Gay St. *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70792 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1883 BALTIMORE

Date of Death, Nov 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bella Washington

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, One *Years,* Six *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 73 Iceland St

Cause of Death. First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel No day

Date of Burial, Nov 5th

Undertaker E. Mason

Place of Business, No 12 Hamilton St *Address,*

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last Page of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10973 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Regina Christina Mussgnilli

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 13 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 86 Penna Ave.

Cause of Death, First, (Primary,) Laryngeal Paralysis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 5th 1883

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76874 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEP. NOV 5 1883

Date of Death, November 3rd, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lydia Spafford

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Two *Years,* Three *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No. 125 South Wolfe Street

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), Convulsions

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial. Old Cathedral Cem

Date of Burial, Nov. 5th 1883

Wm. H. Hendrickson, M. D.
Medical Attendant.

Undertaker G. France

Place of Business, Bant & Wolfe Sts. *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10895 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, 4 Nov 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Redman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 8 *Months,* 11 *Days,*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Restaurant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 129 Forrest st.

Cause of Death. First (Primary), Heart. Bright.

Second (Immediate),

Duration of Last Sickness, ab. 2 years

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th/83

Undertaker George Schilling

Place of Business,

C Hoffman M. D.
Medical Attendant.

Address, 57 a Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70896 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1883

CERTIFICATE OF DEATH.

Date of Death, November 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Reinhard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,* 4 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} N 157 West St

Cause of Death, First, (Primary,) Pericarditis. (acute)

Second, (Immediate,) the same.

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov. 6

Undertaker, B. Hardy

Place of Business, 82 West St

Wm Walker M. D.,
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7897 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marceline Downs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 2 ys

Place of Death, {Give street and Number.} 208 Hamburg st

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Convulsions

Duration of Last Sickness, 3 mins

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 5 1883

Undertaker H. L. Rose

Place of Business, 98 Courtney

R. H. O. Ellis M. D.
Medical Attendant.

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and circumstances of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19

Board of Health, City of Baltimore,

Permit No. 10898

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, November 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Harper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 — *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dillsburg York Co. Pa

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 155 N. Carey st

Cause of Death, First, (Primary.) Uterine Abcess

Second, (Immediate.)

Duration of Last Sickness, about 4 mos

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 6th 1883

Undertaker, Denny & Mitchell

Place of Business, Cor Carrollton and Fayette *Address,* 201 Madison Ave

H. L. Williams M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Notice given below, and to that on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70899 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov. 3 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vaughen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, lumber merchant (retired)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Uchlan Chester Co Penna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 95 Saratoga st

Cause of Death, First, (Primary,) apoplexy

Second, (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Columbia Pk

Date of Burial, November 6th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw st

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78966 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave A Kohlhepp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 E Madison

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 6 1883

Undertaker, Henry McGinnis

Place of Business, 103 Central ave

F. A. Warner, M. D.,
Medical Attendant.

Address, 256 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70901 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 5 1883

Date of Death, Nov 4 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Cullen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 *Years,* 6 *Months,* 14 *Days,*

Color, W.

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 60 Fairmount av.

Cause of Death, First (Primary), Valvular Dis. of Heart

Second (Immediate), Dyspnea

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 6. 1883

Undertaker M. A. Darger

Place of Business, 74 S. Bway.

D. L. Mitchell M. D.
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1884

Permit No. 10902 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Fuchs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 3 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Bradford Alley

Cause of Death, First, (Primary,) Injury to abdomen

Second, (Immediate,) Peritonitis (Traumatic)

Duration of Last Sickness, 6½ days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 6 1883

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* Aly E. Pratt St.

James L. Shaw M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

4 Board of Health, City of Baltimore,

Permit No. 70908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 6 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gale

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 56 East St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Apnoea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6 1883

Undertaker, William N Dyer

Place of Business, No 52 East St

Sam'l H Beth M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

19

Permit No. 70904

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Buoy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, d

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 weeks

Place of Death, {Give street and number.} 51 N. Bruce

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.) & Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 7th 1883

Undertaker, H J Jordan

Place of Business, 63 Park Ave

E. Meinhof *M.D.,*
Medical Attendant.

Address, 427 N. Fayette ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70900 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert H Schlutter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} 543 N Baltimore St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

...ce of Burial, Louden Park

... of Burial, Nov. 6 /83

...taker, J. B. Cook

... Business, 707 N. Balts. St. *Address,* 206 N Lombard

Jno Thos G Woods M.D.
Medical Attendant.

... from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...d be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... rs after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth ... e ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ...th, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10966 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Callaghan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 291 Saratoga St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) do Typhoid

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial Old Cathedral

Date of Burial, Nov 6th/83

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

M Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7907

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7907 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 7 *Months,* 17 *Days,*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 99 East

Cause of Death, First (Primary), effusion

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1883

Undertaker Wm A Bungee

Place of Business, 62 East, st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 10908

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10908 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Sutton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 107 Hanover st

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 7th 1883

Undertaker B. Earle

Place of Business, 82 West st

Chas. T. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7098. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 6 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 36 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and Number.} 1 Eight Row

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 6 1883

Undertaker H H Chase

Place of Business, 198 Howard

W. E. Bose M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7091 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Budeka

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 167 Burgundy ad

Cause of Death, First (Primary), Diptheria

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Wel Corny Cemetery

Date of Burial, Nov 6th 1883

Undertaker John Macaher

Place of Business, No 150 Camden St *Address,* 166 S. Dean St.

D. L. Baddenbaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Directions printed on the back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70911 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Harr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~ /

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all Life

Place of Death, {Give street and Number.} 431 N Washington St

Cause of Death, First, (Primary,) Erysipelas and Inflammation of brain

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 7th November 1883

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

Wm R Purvis M. D., Medical Attendant.

Address, 64 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7091 2 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridgets Cunningham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and Number.} Boundary Av. & McMechen St.

Cause of Death, First (Primary), Child birth

Second (Immediate) Exhaustion from operation

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 7th 1883

Undertaker Chas. T. Scriven

Place of Business, 221 N. Eutaw St

J. H. Robinson M. D.
Medical Attendant.

Address, 25 Summit Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70975 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 hours *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 403 Aliceanna

Cause of Death. First (Primary), Cyanosis

Second (Immediate), Spasm

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Nov. 7. 1882

Undertaker Saunders Son

Place of Business 252 Canton Ave *Address,* 49 So Broadway

G. L. Watts *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7814 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Pehlfeller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N. E. Cor. Washington & Canton Ave

Cause of Death, First (Primary), Croup Membranous Croup.

Second (Immediate),

Duration of Last Sickness, Several days - Sent for once

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov 7. 1863

James E. Donnelly M. D.
Medical Attendant.

Undertaker H. Sanders Son

Place of Business 252 Canton Ave Address, 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76715 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henretta M. Wyville

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 82 George St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, many Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 8th 1883

Undertaker, F. Lewis & Chaufty

Place of Business, 109 & Fremont Address, 55 N. Greene St

W. T. Alkemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10916

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10916 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmore Bussé's

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, two *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 291 E. Madison St.,

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Nov 8 1883

Undertaker Henry Hook

Place of Business, 309 N Eutaw St. *Address,* 95 Park Ave.

A. F. Eish *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7917 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. F. Keller.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brightsville, Pa.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and Number.} 115 E. Biddle St.

Cause of Death, First, (Primary,) Malaria Fever.

Second, (Immediate,) "

Duration of Last Sickness, 3 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov 7. 1883

Undertaker, John W Jackson

Place of Business, Gay & Caroline St

John H. White, M. D.,
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7078 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5-th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wardell Wilson Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* 4 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 41 St Marys St

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7 1883

Undertaker A. F. Hemsley

Place of Business,

J. J. Chisolm M. D.
Medical Attendant.

Address, 55 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76919 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Hosey

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Seventy-four *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~ { Cross out the word not required in this line. } Widow

Occupation, Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, Over twenty years.

Place of Death, { Give street and Number. } No. 92 Chestnut Alley.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Asthma

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7. 1883

Undertaker, Alf Hemsley

Place of Business, Hanover st

W. A. Jones M. D.,
Medical Attendant.

Address, Balto. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10920 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1883

CERTIFICATE OF DEATH.

Date of Death, November 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Henry Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Married

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westphalia Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} No 73 N. Front St

Cause of Death, First (Primary), ...

Second (Immediate) Bright's disease of Kidney

Duration of Last Sickness, Two Years

the above information should be furnished by the Physician.

Place of Burial, ~~Wolfe~~ Cemetery

Date of Burial, Nov 8 1883

Undertaker James O Byrne

Place of Business, No 63 N Front St *Address,* 280 S Dond

W. P. Yeats M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7021 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Baby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 6 *Months,* 0 *Days,*

Color, Light Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, one year & six months

Place of Death, {Give street and Number.} No 8 Little Pine st

Cause of Death, First (Primary), Scrofulous diathesis

Second (Immediate), attack of measles

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Shoppe st Cemetery

Date of Burial, Nov 7 1883

Undertaker William Lange

Place of Business, No 62 East st

D F Bohrer *M. D.*

Medical Attendant.

Address, Cor Dolphin & Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7092

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7092 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 Market Place

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Nov 7/83

Undertaker Chas. F. White

Place of Business,

Geo. W. Dixon M. D.
Medical Attendant.

Address, Cor. of Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morris Burlow

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 yrs *Years,* 8 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 8 mo

Place of Death, {Give street and number} 320 E Madison St

Cause of Death {First, (Primary,) Scarlet fever
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bolto

Date of Burial, Nov 7

Undertaker, Arm & Dany

Place of Business, ———

J H Buchanan M. D.
Medical Attendant.

Address, 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7924 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Foster

Wm Foster —

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Five *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer Woods

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} No 9 Woodyer St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cyanosis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, November 7

Undertaker, Hercules Ross

Place of Business 95 Conway St

J Mason Hundley M. D.,
Medical Attendant.

Address, 22 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 76926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 76926 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McDermott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* ~~77~~ *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} 203 Mulberry St

Cause of Death, First (Primary), Old age

Second (Immediate), Gastritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, Nov 8th/83

Undertaker M. Cadogan

Place of Business, 227 Mulberry St

Felix Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10926 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cavanaugh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36. *Years,* — *Months,* ..... *Days,*

Color, W.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yr. 6 mo.

Place of Death, {Give street and Number.} # 75 Beech St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate). Exhaustion ?

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 8th 93

Undertaker Mr Cadogan

Place of Business, 227 Lombard St *Address,* .....

Christopher F. Mustin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10727

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10727 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph J Ruppert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 33 Bowman St

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 8

Undertaker B H Carr

Place of Business, ...

Geo. W. Benson M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7092 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Hilbert (Mother)

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 25 Harmony Lane

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give street and Number.} 25 Harmony Lane

Cause of Death, First (Primary), ...

Second (Immediate) Defective Circulation - (Heart Disease)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Nov 3 1883

Undertaker Fred A Kershner

Place of Business, 129 N Arlington Ave

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76929 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wellmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 6 *Months,* 2 *Days,*

Color,

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 85 Bond St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 8th 1883

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St

A. Wolf Wellmann M. D., Medical Attendant.

Address, 343 N. Londonst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore.

Permit No. 70930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th November 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wicomico Co. Md

Duration of Residence in the City of Baltimore, 1 mo.

Place of Death, {Give street and number.} 94 McCulloh St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Wicomico Co Md

Date of Burial, Nov 7th 1883

Undertaker, J J Andrews

Place of Business, No 416 Druid Hill Ave

H. W. Ennis M.D.,
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 70931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70931 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Balben

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Worked in Iron

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and Number.} 73 Perkins Street.

Cause of Death,
First (Primary), Phthisis
Second (Immediate), Exhaustion

Duration of Last Sickness, about 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, November 7

Undertaker L. M. Leonard & Son

Place of Business, 782 W. Baltimore st

A B Bond M. D.
Medical Attendant.

Address, 34 o Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10932 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavenia Baldwston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 177 Jefferson St

Cause of Death, First, (Primary,) Malarial prostration &c

Second, (Immediate,)

Duration of Last Sickness, ailing 3 months in bed 1 week

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Nov. 7th 1883

D W Cathell M. D., Medical Attendant.

Undertaker, Jno. H. Hoskins

Place of Business, 234 E. Gay St. *Address,* 210 Bunden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

70923 **Board of Health, City of Baltimore,** 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George P. Wakeland

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, {Give street and number.} 220 N Eutaw st

Cause of Death, First (Primary,) .....

Second (Immediate,) Scarlatina

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 7th 1883

Undertaker, John F Andrews

Place of Business, 1064 Druid Hill Ave

Frank W Gunnar M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Buried

[over]

No. 6934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70934 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Kimball.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 83 Hill St.

Cause of Death, First (Primary),

Second (Immediate), Renal Membranous Laryngitis

Duration of Last Sickness, 3 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 9th 1883

R. J. N. Tall M. D.
Medical Attendant.

Undertaker Ernst Schlosman

Place of Business, 181 Sharp St., *Address,* 15 2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70935 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorina D. Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* *Days,*

Color, White Divorced

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 35 years 6 months

Place of Death, {Give street and Number.} 119 Chew St

Cause of Death, First, (Primary,) Hemiplegia

Second, (Immediate,) Pneumonitis and Paralysis

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 8th 1883

Undertaker, Adam Fink

Place of Business, 1161 N. Gay St

J. T. White M. D.,
Medical Attendant.

Address, 317 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 16936 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov. 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days,*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and Number.} No. 1 Greenwillow Court.

Cause of Death, First (Primary), ———

Second (Immediate), Paralysis.

Duration of Last Sickness, One Year.

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 9 1883

Undertaker D Wellhouse

Place of Business, 198 Howard St

Geo. C. Shannon, M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10937 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McNeal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 162 West St

Cause of Death, First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about one Year

the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial Nov 9 1883

Undertaker C. F. Kenane

Place of Business,

Thos S Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70938

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70938 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 8 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Albert Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* *Days,*

Color, Black

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 mths

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 9th 1883

Undertaker H J Jordan

Place of Business, 63 Park Ave

Ralph Stuart M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Blanks [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7987 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Michael.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 8th. 1883.

R. H. Goldsmith, M. D.,
Medical Attendant.

Undertaker, Frank McVeagh,

Place of Business, Irwin & Runnells

Address, Harlem ave. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 76940

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76940 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie S. Conway

~~Son, Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 357 E Lombard St -

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Nov 8 - 83

Undertaker Jenny Mitchell

Place of Business 65 S Broadway *Address,* 77 S. Bucks

J. L. Wilkes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70941 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 3 1883
BALTIMORE, MD.

Date of Death, November 7th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Ann Maria Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Sixty Six *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Twenty Seven Years.

Place of Death, { Give street and Number. } No. 28 South Broadway

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Twenty Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenhill Cemetery

Date of Burial, Nov 9th 1883

Undertaker Jenny & Mitchell

Place of Business, 65 S Broadway

Wm. H. Glendinning, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10942

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Richards

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 131 Pleasant Ave.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Blood Poison

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 8th 1883.

Henry F. Smith M. D.
Medical Attendant.

Undertaker, Wm. H. C. Hickman

Place of Business, 234 & 236 Cay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10943 *Office of Registrar of Vital Statistics.* **Ward** 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Holtzweiler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* 16 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death. { Give street and Number. } No 130 E Pratt St

Cause of Death, First (Primary), Dentition & Diarhoea

Second (Immediate), Accidental Lead by Hot water

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem Blue Ridge

Date of Burial, Nov 8

Undertaker W Eckard

Place of Business,

J Ridgeway Smith M. D.
Medical Attendant.

Address, 121 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70947 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hospfuer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* — — *Months,* — — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 912 Eastern Avenue

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Marasmus

Duration of Last Sickness, Two (2) years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, November 9th

Fred Shuer M.D.
Medical Attendant.

Undertaker George Schilling

Place of Business, Ashland & Lyman Address, Eastern Ave & Harfords Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70940

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Herzog

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 7 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 139 Lexington St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Exhaustion from disease

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 6th 10 M.

Undertaker, Henry Borgmann

Place of Business, 45 Clay St.

Geo. G. Brewer M. D.
Medical Attendant.

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76946 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie McNeill

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross ont the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 240. South Paca St.

Cause of death, First, (Primary,) Dysentery.

Second, (Immediate,) Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 9th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 506. W Fayette St.

A. C. Fox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 7 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Jeanette Sinclair

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 16 ++ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} 217 Saratoga st.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 8, 1883

Undertaker, Matthew Gadegaard

Place of Business, 227 Mulberry St

H. Boyd Mackie M. D.
Medical Attendant.

Address, 107 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

No. 10948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76948 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Carey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Washer & Ironer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, About 41 Years

Place of Death, {Give street and Number.} 31 N. Dallas St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days

The above information should be furnished by the Physician.

Place of Burial, Levond Cemetery

Date of Burial, Nov 8 1883

Undertaker William N Dorsey

Place of Business, No 62 East St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 70949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 70949 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 8 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Medinger

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation Fireman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 54 years

Place of Death, { Give street and Number. } 155 George St.

Cause of Death,
First (Primary),
Second (Immediate) Heart Disease

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 9th 1883

J. H. Keller, *M. D.*
Medical Attendant.

Undertaker Dieterich, Wilgand

Place of Business, 166 Druid Hill Ave *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10950 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 — *Years,* — *Months,* — *Days.*

Color, Brown Skin

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Not Known

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 27 East St

Cause of death, First, (Primary,) Intestinal Obstruction - Invagination

Second, (Immediate,) Exhaustion - Abdominal Section

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, NOV 9 1883

Undertaker, Alf Hensley

Place of Business,

Whitfield Winsey M. D.,
Medical Attendant.

Address, 116 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...als to the Off... No. 70951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70951 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Hoos.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* 3 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 301 Madison St.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness Three weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Mt. Carmel Cem.

Date of Burial, Nov 4th 1883

A. R. Elliott M. D.
Medical Attendant.

Undertaker August Kline

Place of Business, 26 Bank St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10952 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dora F Callahan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* 10 *Months,* 3 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Bowling Salesman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Worcester Co Mass

Duration of Residence in the City of Baltimore, 4 Weeks

Place of Death, { Give street and Number. } Sh Paul & Fayette Sts

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Worcester Co Md

Date of Burial, Nov 10th 1883

Thomas Cottee M. D.
Medical Attendant.

Undertaker John. F. McCoy

Place of Business, 22 W. Fayette St *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial ... issued Saturday of each ... No. 70953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70953 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Adam List

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 33 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, all time

Place of Death, { Give street and Number. } 177 Mulberry St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Hemorrhage

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Nov 10

Louis C. Horn M. D.
Medical Attendant.

Undertaker Walter Immel

Place of Business, 315 W. Baltimore *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10964 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily Hess

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 11 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 154 East St

Cause of Death, First (Primary), Diphtheria Secondary

Second (Immediate), Paralysis cordis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 9 83

Undertaker M. C. H. Weber

Place of Business, 41 Smith

J. Mathies M. D.
Medical Attendant.

Address, 245 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10966 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gotfried Fischer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* / *Months,* — — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 60 Hill st

Cause of Death, First (Primary), 2 Typhoid fever

Second (Immediate).

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Trinity cem

Date of Burial, Nov 10th 1883

Undertaker Henry McGinnis

Place of Business, W. & Central ave

Louis Chas Horn M. D.
Medical Attendant.

Address, 226 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 7990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70966 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 8 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Fred Krueger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 49 N. Gay St

Cause of Death, First, (Primary,) Pulmonary Phtisis

Second, (Immediate,) the same

Duration of Last Sickness, ~~6 months~~ 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Wm Sadler M. D., Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the

Permits for Burials, to the Office whence issued, Saturday of each week. No. 10957

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 10957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th November 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Myer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 81 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow, or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 200 McCulloh St.

Cause of Death, First (Primary,) Cardiac Disease

Second (Immediate,) Apoplexy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 10th 1883

D. S. Mackenzie M. D.
Medical Attendant.

Undertaker, New Era Undertaking House

Place of Business, Park & Saratoga Sts. *Address* 67 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Office [illegible] issued Saturday of each week

No. 10958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10958 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Steck. M. D.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 27 *Years,* 11 *Months,* ~~Days,~~

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Veterinary Surgeon

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 82 N. Broadway

Cause of Death. First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 4 Weeks

the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, November 10 1883

Undertaker Henry Stack

Place of Business, 390 Canton Ave *Address,* 92 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...mits for Burials to the C...

No. 7957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7957 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Wolinski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* / *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pole

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 271 Alice Anna St

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, Nov 9

Undertaker Wendell Dietz

Place of Business, ...

John H. Kehlberger M. D.
Medical Attendant.

Address, 213 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued. Saturday of each week. 70960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70960 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katharine Kniedrijeski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Two months

Place of Death, { Give street and Number. } #775 S Bond St. 12-25-9

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, F Womens Sen

Date of Burial, Nov 9

Undertaker Wombell Dieffenbach

Place of Business,

John H Rehberger M. D.
Medical Attendant.

Address, 1143 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Of... ...of each week. No. 7096

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7096 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca A. Ripley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days,*

Color, W.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation ~~Widower~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 2600 Pratt St.

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Asthenia

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 9/83

Undertaker M. F. Curran

Place of Business, 53 S Broadway

G. L. Mitties M. D.
Medical Attendant.

Address, 77 So. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70962

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Virginia Reinhart

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, — *Years,* Two *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 166 W. Fayette St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9th 1883

D. J. Reinhart M. D.
Medical Attendant.

Undertaker, Wm. Weaver.

Place of Business, #202 N. Eutaw

Address, 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Per... No. 10963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10963 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1 1902

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen L. Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1157 E Fayette St

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 3

Undertaker Jas P Byrne

Place of Business, 63 Hunt

M. D.

Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 70964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70964 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT, RECEIVED 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Woodward

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 44 E Hamburg St

Cause of Death, First (Primary), ——

Second (Immediate), Typhoid Malarial Fever

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Nov 9th 1883

Undertaker John S. Meacham

Place of Business, 1156 Eastern

Geo. D. Blake M. D.
Medical Attendant.

Address 168 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... issued ... No. 70965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70965 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George O Glamm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 7 Weeks *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 35 Woodyard Alley

Cause of Death. First (Primary), Artificial food

Second (Immediate), Diarrhoea

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 10th 1883

Undertaker John L Mackin

Place of Business, No 150 Camden St

J. H. Cheney M. D.
Medical Attendant.

Address, 76 Plaza St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10966 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. 1883 BALTIMORE

Date of Death, November 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria K Kügel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and Number.} 38 N. Duncan Aly

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Comer

Date of Burial, Nov 10 1883

Undertaker, John Mooney

Place of Business, 352 W. Conway

J Helvellenberg M. D., Medical Attendant.

Address, 369 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... No. 7096?

Permit ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7096 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 9 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Burgunz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, { Give street and Number. } # 243 N. Durham St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus cimetery

Date of Burial, Novmr 11

Undertaker Forst and Louth

Place of Business, corner Jefferson and Baselt

John H Kelley M. D.
Medical Attendant.

Address, 713 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permits for Burials, to the Office wh... Saturday of ...

The Special Attention of P...sicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar F Burton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 yrs *Years,* 10 mo *Months,* ... *Days.*

Color, Colrd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs & 10 mo.

Place of Death, {Give street and number} 320 E Madison St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10-1883

Undertaker, Armstrong & Denny

Place of Business, Cor Eight & Monte

J H Burnham M. D.
Medical Attendant.

Address, 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

This Permit No. [illegible] No. 7096 9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7096 9 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* Nineteen *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Josephine St.

Cause of Death, First (Primary). Inanition

Second (Immediate). Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 9th 1883

Undertaker Wm. H. Bishop Jr.

Place of Business,

Medical Attendant. N. D. Buxall M. D.

Balto. Hom. Dispensary

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for D[illegible] to the Office wh[illegible] will make returns [illegible]

No. 70970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70970 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. NOV 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Brady

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* 9 *Months,* *Days,*

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 3 Necessity Alley

Cause of Death, First (Primary),

Second (Immediate) Burns

Duration of Last Sickness, 23 days.

All the above information should be furnished by the Physician.

Place of Burial, Lemel cemetery

Date of Burial, Nov 10 1883

Undertaker William Strong

Place of Business No 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 7097

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7097 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Lapp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } East. of Wolfman alley

Cause of Death, First (Primary),

Second (Immediate), Typhoid fever.

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Nov 9 1883

Undertaker William N Dorsey

Place of Business No 62 East st

Edward P McDonnell M. D.
Medical Attendant.

Address, 54 Augusta Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials to [illegible] Cemeteries in City of Baltimore [illegible] make returns of all

No. 10972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10972 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 1 *Months,* —— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 13 E. Montgomery St

Cause of Death, First (Primary), ——

Second (Immediate), Marasmus

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, ac Nov 10 83

Undertaker H Rose

Place of Business, 95 Conway St

Jno D Blake M. D.
Medical Attendant.

Address, 108 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued Saturday of each week. 70973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70973 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9 November 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretha Stern

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 68 *Years,* 11 *Months,* 25 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Marburg Hessen Kassel — about 49 years

Duration of Residence in the City of Baltimore, 49 years

Place of Death, { Give street and Number. } Lee St 240

Cause of Death, First (Primary), Carcinoma of liver

Second (Immediate), Dropsie —

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11 1883

Undertaker H Brile

Place of Business, 81 Hamilton Av *Address,* 124 W Fayette Street

L F Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last · kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued [illegible] of each week. No. 76974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 76974. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Klein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 109 E. Pratt

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Nov. 10th 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 1081 Lombard St

H. K. Nitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, Cremations or Removals.

No. 10995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10995 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Lepkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 10 Concord St.

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 10 1883

R. M. Hall M. D.
Medical Attendant.

Undertaker S. H. Shaw

Place of Business, 178 Howard

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 7076

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7076 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte M Morgan

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 62 *Years,* 4 *Months,* 5 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 72 S Fayette St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 10th 1883

Undertaker, Demy & Mitchell

Place of Business, 530 W Fayette St

J. G. Luthman M. D.,
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 70977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 2

Permit No. 70977

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Morawski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 21 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation City

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Since Birth.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 453 Hanover St

Cause of Death, First (Primary), Entero colitis

Second (Immediate)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 11th

Undertaker W. Lopp & Co

Address, 443 Hanover St

John H. Redden M. D.
Medical Attendant.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued [illegible] day of each

No. 7098

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7098

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 10 1883

Date of Death, November 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhine Papp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty ~~Six~~ years (46)

Place of Death, {Give street and Number.} 59 Lancaster St.

Cause of Death, First (Primary),

Second (Immediate) Hydro Thorax

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphosus C

Date of Burial, Nov 11th

Undertaker W Lepp & Co

Place of Business,

Richd L. Dashiell, Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office [illegible] day of each week. No. 70979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70979 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 188 Caulton Ave

Cause of Death,
First (Primary), Oedema Membranous Laryngitis
Second (Immediate),

Duration of Last Sickness, Few days - attended by another Phys. - Called just after I saw patient & found him dead

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 10th

Undertaker W Leppard

Place of Business,

Jno. E. Donnelly M. D.
Medical Attendant.

Address, 219 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1893

CERTIFICATE OF DEATH.

Date of Death, Nov 8/93

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Kate Swan

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 311 McHenry St

Cause of Death, { First (Primary,) } Consumption

{ Second (Immediate,) } 4

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. Md

Date of Burial, Nov 10 93

Undertaker, W. H. Trullinger

Place of Business, Balto

A. Duvall Colburn M. D.
Medical Attendant.

Address, 108 Park Ave
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 76981

Permit No. 76981

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 10 1883

Date of Death, November 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Klein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 Years, 11 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grinders

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} No 10 N Frederick st

Cause of Death, First, (Primary,) Phthisis Pneum.

Second, (Immediate,)

Duration of Last Sickness, Six months confined to bed

All the above information should be furnished by the Undertaker, if possible. Engaged Sin for above dis over 6 years

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 12/83

Undertaker, C F Kaw

Place of Business, 62 & W Balt St Address, 125 Eutaw st

L C Underwood M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... No. 4912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 10982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, About 7 P.M. 9th November, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Medinger

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* About One hour ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 99 Wilson St, Baltimore, Maryland.

Duration of Residence in the City of Baltimore, About one hour

Place of Death, {Give street and number} 99 Wilson St, Baltimore, Maryland.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) " "

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10/83

Undertaker, G H Medinger

Place of Business, ...

Wm. J. Wood M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore will make returns of ... Permits for Burials to ... No. 10983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10983

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter A. Addison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 Years, 2 Months, 14 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} 194 N. Fremont St.

Cause of death, First, (Primary,) Pneumonia Chron

Second, (Immediate,) " "

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 10th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont

A. L. Fox M. D.,
Medical Attendant.

Address, 506 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in ... of Baltimore

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1884

Board of Health, City of Baltimore,

Permit No. 10764 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael McCoy

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 80 Years, 6 Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Stair builder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, { Give street and Number. } Gilmor St. near Baker

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Old Age.

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11th

Undertaker, George Schilling

Place of Business, Address,

G. W. Jones, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore wi... Permit for Burial to the C... 10983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10985 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G Schley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Feeble child, bottle-fed

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10

Undertaker, C W Blizzard

Place of Business, 178 Park Ave

Tho S Latimer M. D.,

Medical Attendant.

Address, 157 N Bidle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore
Permits for Burials at the Office ... Clock. 70986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70986 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Meyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Mal-nutrition

Second, (Immediate,) Tubercular Meningitis (2)

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10

Undertaker, C. W. Bryant

Place of Business, 199 E. Pratt

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 187 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Balti... ...s of all

No. 7987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7967 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Shaw

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 3 *Months,* ..... *Days,*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 1315 Durham st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician

Place of Burial, Dallis st Cemetery

Date of Burial, Nov 10) 83

Undertaker John W. Locks

Place of Business, 67 S. Wolfe st

Thomas D. Evans M. D.
Medical Attendant.

Address, 22 Gaetano Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 10988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Permit No. 10988

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, November 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina K Horn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 283 Central ave

Cause of Death, First, (Primary.) Scarlatina Malig na

Second, (Immediate.)

Duration of Last Sickness, 6 yrs 4 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Nov 11th

Undertaker, Fred Gaede

Place of Business, 29 S Caroline st

E Hall Rutter M.D.,
Medical Attendant.

Address, 108 Aisquith st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Burials in the Office whence issued. No. 1090

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 70989 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 10 1883

Date of Death, November 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Caldwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City - Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 301 W Biddle St

Cause of Death, First (Primary),

Second (Immediate) Ovarian Dropsy

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemet

Date of Burial, Nov 9 1883

Undertaker H Dorsey

Place of Business, 95 Courtland

Alexander Tinsley M. D.

~~Medical~~ Attendant.

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... D. 10990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10990 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Mund

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 6 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and Number.} 57 Thames St.

Cause of Death, First (Primary), Chronic Diarhoea

Second (Immediate) ...

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, Nov 10

Undertaker ...

Place of Business, ...

John H. Rebberger M. D.
Medical Attendant.

Address, 1113 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office.

No. 10991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10991 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Woelf.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 22 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary) Shock Cerebro Spinal

Second (Immediate) R. R. Injuries P. W & B.

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 4 Nov

Undertaker W Duffield

Place of Business,

Alexander Magley M. D.
Medical Attendant.

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns [illegible]
Permits for [illegible]

No. 7992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7992 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Brooks

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, About 40 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Syphilis & Stricture

Second (Immediate), Gangrene of Bladder & Urinaries

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Nov 7 / 1883

Undertaker Fred A Eschner

Place of Business, 129 Sterling [illegible] *Residence,* University Hospital

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued Saturday of each week. No. 70993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70993 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 7/1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} None

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 24 hrs *Days;*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 40 Cohen alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 40 Cohen alley

Cause of Death, First (Primary), Did not see the child

Second (Immediate). 'til after death, It was

Duration of Last Sickness, very small & funny.

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Nov 7/1883

B F Turner M. D.
Medical Attendant.

Undertaker Fred A. Kachner

Place of Business, 129 N. Arlington Ave *Address,* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make return[illegible] all
Permits for Burials to the Office [illegible]

No. 70994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70994 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, November 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Horsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single ✓

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 48 Douglas St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11-1883

Undertaker J J Lucks

Place of Business, 473 Fremont *Address,* [illegible]

E F Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make
Permits for Burials, to the Office whence [illegible]

No. 10995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 10995 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ino Fenton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Injuri - Run over by Cabriolet Car No 4

Second (Immediate), Exhaustion - (Concussion Thereon)

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, West Lab County

Date of Burial, Nov 5/1883

Undertaker Fred A Kirchner

Place of Business, 129 N Arlington Ave

Alexander Tinley M. D.
Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make ret... Burials, to the Off... No. 10996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10996 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 Mo. ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 Eutaw Court

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 13 Eutaw Court

Cause of Death, First (Primary), Premature birth at 8th mo.

Second (Immediate), Great difficulty in getting the Child to breathe at all,

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Nov 10

Undertaker F. Kerdun

Place of Business, ...

B. A. Turner M. D.
Medical Attendant.

Address, 215 Druid Hill Av...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore will make returns of all ... Monday of ...

No. 76997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76997 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise A Kampfer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 11 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Rear of 120 Hi[illegible]

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E[illegible]

Date of Burial, Nov 7

Undertaker [illegible]

Place of Business, ...

Geo F Dixon M. D.
Medical Attendant.

Address, [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 10998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10998 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dickens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months.* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 61 Roland Ave

Cause of Death. First (Primary), Inflammation of Bowels

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 10th 1883

E. Jos. Williams *M. D.*
Medical Attendant.

Undertaker Henry Snyder & Son

Place of Business, 502 Canton Ave *Address,* 53 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued. Sat...

No. 76999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76999 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schuckhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 39 *Years,* —— *Months,* —— *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Liquor Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and Number.} No. 75 Elliott Street.

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Ascites.

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Nov 11th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 207 S. Broadway

R. L. Dashiell Jr. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7600

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7600 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 367 West St.

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 11th 1883

Undertaker S. W. Chase

Place of Business, 198 S. Howard St.

R. Dr. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Sheet.

Board of Health, City of Baltimore,

Permit No. 71001 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883

CERTIFICATE OF DEATH.

Date of Death, Saturday November 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Cook

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and Number.} 220 Fine St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Asbe Evergreen Cemetery

Date of Burial Nov 10 1883

Undertaker, William N Dorsey

Place of Business No 61 East St

L. Dennett Norris M. D.
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 11112

Board of Health, City of Baltimore.

Permit No. 11002 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

NOV 10 1883 BALTIMORE

Date of Death, Nov 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Rogers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color Col

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 4

Duration of Residence in the City of Baltimore, 34 East St

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Rheum

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters~~ E

Date of Burial, Nov 11

Undertaker ~~Murphy~~ Ge

Place of Business, Geo Reinhardt

Wm T Donlon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7003 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irving Carr

NOV. 10 1883 BALTIMORE.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} # 250 Crof

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Abt 2 years

All the above information should be furnished by the Physician.

Place of Burial, Leakes Island

Date of Burial, Nov 10 1883

Undertaker H Ross

Place of Business, 95 Bowly's Wf

Geo. S Koones M. D.
Medical Attendant.

Address, East Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

The S...

Perm...
T...
to the...
reque...

71004 see following certificate

Date ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, First (Primary).....

Second (Immediate).....

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

Geo. H. Simon M. D.
Medical Attendant.
Address, City Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 11004 *Office of Registrar of Vital Statistics.* Ward 16

T... ...ly filled
to the ... or sooner,
reques...

Office of
DR. JAMES BOSLEY,
S. W. Cor. Hollins and Mount Streets,

HEALTH DEPARTMENT
NOV 11 1883
BALTIMORE

Date
Full
Sex,
Age, ... *Days*
Color
Marr
Occu
Birth
Durc
Plac
Caus
Durc
Plac
Date
U...
Pl...

Baltimore 188

Date of death Nov 10. 1883
Wm H Hartman, name of deceased
Male - born in York Penna
Residence in Balto Md - one year
Cause of death - Typhoid Fever
Age of deceased - 2 yrs 9 mo.
Place of death - 34 Payson st
Duration of last disease - 13 days

James Bosley MD
Attending Physician
Baltimore Md
November 11

SE... ...the
the Ph... ...the duty
forty-e... ...rnish with
same c... ...as far as
date of... ...e cause
[ov...

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 11005 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* 10 *Months,* 14 *Days,*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 11 Marion Ay

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthma

Duration of Last Sickness, 14 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 11 1883

Undertaker, Abt Hemsley

Place of Business, *Address,*

S Shuckers M. D.,
Medical Attendant.

NOV 11 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

The Special Attention of Physi... to Rules Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 71076 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ... CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 11 1883 BALTIMORE

Date of Death, November 9th 1883

Full Name of Deceased, (Spell ... an infant ... d, give names of parents.) Benj. J. Wilson

Sex, Male or Female, (Cross out the word not required in this line.) male

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) married

Occupation Day digger

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto. Co.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, (Give street and Number.) 528 Aisquith St

Cause of Death, First (Primary),

Second (Immediate), Acute Oedema of Larynx

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Chases Station

Date of Burial, Baltimore Co. 11

Undertaker Armstrong and Denny

Place of Business,

W. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Form.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Kennedy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 1 mo

Place of Death, {Give street and number.} 106 Stricker St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Apnea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 11

Wm D R Carter M. D.
Medical Attendant.

Undertaker, Joseph Bork

Place of Business, 707 W Baltimore

Address No 84 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71008 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 Nov.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days,*

Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 22

Place of Death, { Give street and Number. } 17 Winter St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, November 1883

Undertaker H. Ross

Office of Business, 25 Lombard St

R. R. Ewell M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... of death, and in cases of births and deaths of illegitimate children.

[OVER.]

18

Permits for Burials, to the [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 41009

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence K. Wheeler.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* 6 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Clarck St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Samuel Chuby

Date of Burial, November 11

Undertaker, Samuel H Chase

Place of Business, 195 So Howard St

R. Zu. Bell M.D.,
Medical Attendant.

Address, 210 N Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7 Board of Health, City of Baltimore,

Permit No. 1178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Hennig

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, { Give street and number } 223 N Fremont St

Cause of Death { First, (Primary,) Cornah Hydrocephalus

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's cemetery

Date of Burial, Nov 12

Undertaker, Durstand Evans

Place of Business, 1 Fayette and Eutaw

E. Powell M. D.
Medical Attendant.

Address, 47 N Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7101

Board of Health, City of Baltimore,

Permit No. 7101

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Dawson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 3 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 314 Lancaster St.

Cause of Death. First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 12

Undertaker Jacob P Bell

Place of Business, [illegible]

E Doitinger M. D.
Medical Attendant.

Address, 533 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 71812

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE, MD. NOV 15 1883

Date of Death, Nov 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden I. Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 108 S Eden St

Cause of Death, First, (Primary.) Phthisis PHTHISIS

Second, (Immediate.)

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, Nov 12th 83

Undertaker, John H. McCoy

Place of Business, 422 W. Fayette St

Robt K. Knauss *M.D.,*
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71013 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9ber 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Boussell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 68 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor Cor. Preston and Valley Sts

Cause of Death, First (Primary), ...

Second (Immediate), Cancer of the bowels

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 9ber 13th 1883

Undertaker Henry Wheatley

Place of Business, ...

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 11,414

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71614 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kerr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty two year

Place of Death, {Give street and Number.} No. 25 South High St.

Cause of Death, First (Primary), Too much brain effort

Second (Immediate) Paralysis

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Nov 11th 1883

Undertaker J J Andrews

Place of Business No 46 Druid Hill Ave

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7013 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1883 BALTIMORE, MD.

Date of Death, Nov 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 100 Front or

Cause of Death, First (Primary), Diphtheria & Scarlet Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 13

James Boyle M. D.
Medical Attendant.

Undertaker John P. Poulson

Place of Business, 66 Frederick Ave *Address,* 319 Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1v

Board of Health, City of Baltimore,

Permit No. 71016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRATION DEPARTMENT
NOV 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Alston Delany

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 50 west Preston

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Nov 12th 1883

Undertaker, Kelly Jenkins & Sons

Place of Business, park & Saratoga

Ryan Buckler M.D.,
Medical Attendant.

Address, 535 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

Permit No. 7107 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Binder.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 5 *Months,* ..... *Days,*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Marburg, Germany.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and Number.} ~~345~~ Mulberry, Cor. Poppleton

Cause of Death, First (Primary), Hypertrophy of

Second (Immediate), Heart with Aortic lesions.

Duration of Last Sickness, 32 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 13th 1883

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 45 N. Gilmor St

Chas. H. Cockey, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Extract from Regulations printed on the back hereof.

Board of Health, City of Baltimore,

Permit No. 7104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 10/1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Seifert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany / Ten Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #27 Bethel Street, Mt Bodkin

Cause of Death {First, (Primary,) Simply senile

Second, (Immediate,) Sclerosis Valve of Heart

Duration of last Sickness, Unknown Gradually Home at Dispensary 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Woman's Medical College Dispensary

Date of Burial, Nov 12 1883

Jos F Martenet M. D.

Medical Attendant.

Undertaker, A D Shultheis

Place of Business, 241 E Lemmon *Address,* 1260 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71019 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elija Cooper

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color ~~ed~~

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 114 Chestnut st

Cause of Death, First (Primary), Old age

Second (Immediate), Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Nov 12 1883

Undertaker William F Inger

Place of Business, 62 East st

E G Baldwin *M. D.*
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

7020

Board of Health, City of Baltimore,

Permit No. 7020 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Stokes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shop keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 627 Penna Ave

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 12 1883

Undertaker, William N Longe

Place of Business, No 62 East St

D Rickert M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7102

Board of Health, City of Baltimore,

Permit No. 7102 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1883 BALTIMORE, MD.

Date of Death, Nov. 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick J. McMahon

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* *5 Months,* *14 Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 116 S. Hanover St. Cor. Hamburg

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 12th 1883

Undertaker Henry H. Mears

Place of Business, 45 N Gay St

C. G. Caville Kuck M. D.
Medical Attendant.

Address, Balt. & Wash. Pike.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7102 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eliza Glenn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster, Pa.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and Number.} 105 S. Regester

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Schwartz's

Date of Burial, Nov 12 th

Undertaker Dippel

Place of Business,

G. G. Macklanburg M. D.
Medical Attendant.

Address, Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7023 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1883

CERTIFICATE OF DEATH.

Date of Death, November 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bonadter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity C

Date of Burial, Nov 12th

Undertaker W Dupper

Place of Business,

F G Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7824 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hennessy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 77 E Centre ave.

Cause of Death, First, (Primary,) Acute Catarrh of Lungs

Second, (Immediate,)

Duration of Last Sickness, a few days

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Bur

Date of Burial, Nov 12th 1883,

Undertaker Henry Wm Simms

Place of Business No 8 N Central ave

D W C attended M. D., Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

76 Board of Health, City of Baltimore,

Permit No. 7045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 12 1883 BALTIMORE MD.

Date of Death, Nov 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abby Scott

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 28 ~~Mo's~~ *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 223 S. ~~Howard~~ Stenton St

Cause of Death First, (Primary,) Sorrhus of Mamma

Second, (Immediate,) Debility

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge

Date of Burial, Nov 12

Undertaker, J McGinnis

Place of Business, 43 Bowman St

Geo G. Brewer M. D.
Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71026 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Ferris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation Balto City —

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 29 Read St

Cause of Death, First (Primary),

Second (Immediate), Phlegmasia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 12 1883

Undertaker Jas F Byrne

Place of Business,

Wm Whitridge M. D.
Medical Attendant.

Address,

REGISTRAR'S DEPARTMENT NOV 12 1883 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71027 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 51 Canal alley near Linden ave

Cause of Death, First, (Primary,) consumption of lungs

Second, (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial Shanty St Cemetery

Date of Burial, Nov 13 1883

G Lane Tompkins M. D.,
Medical Attendant.

Undertaker, Alp Hennessy

Place of Business,

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 23

Permit No. 7102

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dunlop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 111 Third bet Wash & Eastern Ave

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Causing Dropsy

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov. 12 1883

Undertaker, C. C. Kennedy

Place of Business, 19 Saratoga st

W. Hunt'l M. D.,

Medical Attendant.

Address, 229 Orange st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of [illegible] Permits for Burials, to the [illegible] invited to the notice below, and to that of [illegible]

10 Board of Health, City of Baltimore,

Permit No. 7029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 12 1883 BALTIMORE

Date of Death, 12th Nov 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Velté

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 26 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 112 Pearl St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia & Colitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Nov 13.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Geo. G. Brewer M. D.
Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

...ysicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1883 at ½ past 8 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Short

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 30 *Years,* 7 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 113 S. Sticker

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 13th 83

Undertaker, Wm J. Tellner

Place of Business, 65 S. Eutaw St

C. C. Richardson M. D.
Medical Attendant.

Address, Loudon & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7103 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 12 1883

Date of Death, Nov 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 3 *Days,*

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Wetzler Alley

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 12 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

S. N. Hunter M. D.,
Medical Attendant.

Address, 31 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 71032 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wiess

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 8 mths

Place of Death, {Give street and Number.} 261 King Street -

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, Three weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12 83

Undertaker Lemmon Atkins

Place of Business, 217 Hamburg

Wm P. Chunn M. D.
Medical Attendant.

Address, University of Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7053 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Cramer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Nov. 13/83.

Undertaker, Frank McVeagh.

Place of Business, Divine & Townsend.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 7634 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Loesch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 0 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 263 Eastern av.

Cause of Death, First (Primary), Croup (Diphtheritic)

Second (Immediate),

Duration of Last Sickness, From days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 13. 1883

John H. Kellogue M. D.
Medical Attendant.

Undertaker H. Sander Son

Place of Business 252 Eastern Av. *Address,* 1183 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ... Inspector,

Board of Health, City of Baltimore,

Permit No. 71035 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 12 1903
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Slake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 268 Cross St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Angina

Duration of Last Sickness, 72 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 13

Undertaker, Henry Brick

Place of Business, Henrietta St 81

[illegible] M. D.,
Medical Attendant.

Address, 28 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 7036 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 702 Lees Court,

Cause of Death, First (Primary). Uremic Convulsion Bright's Dis.

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross, Cemetery

Date of Burial, Nov 14th 1883

Undertaker, W J Jordan

Place of Business, 63 Park Ave

J. H. Robinson M. D.
Medical Attendant.

Address, 702 Lees Court

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7607 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Winter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1162 E.

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov. 13th 83

Undertaker G. Franz

Place of Business, Franz & Wolfe *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7038 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia M. Malenghise

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 2nd Square

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 13th 83

Undertaker G. France

Place of Business, Bartz & Wolfe *Address,*

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die within said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7103 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Snacke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 82 1/2 Mc Elderry St

Cause of Death, First (Primary), Cyanosis Narcotism

Second (Immediate), ...

Duration of Last Sickness, Lifetime

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novem 13, 1883

Undertaker Henry Hoeft

Place of Business, 30 Central ave *Address,* .....

Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 71040 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Three (3) Months, Twelve (12) Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 765 N. Edenstreet

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14th

Undertaker Geo. Schilling

Place of Business,

C. W. Stone M. D.
Medical Attendant.

Address, 610 Eager Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 71041 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov Ember 12th 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Year *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 275 N. Front st

Duration of Residence in the City of Baltimore, Born Live

Place of Death, {Give street and Number.} No 191 N Front st

Cause of Death, First (Primary), Rubeola

Second (Immediate), Dysphonia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Lt Alphonsus Cem

Date of Burial, Nov 13th 1883

Supplement M. D.

Medical Attendant.

Undertaker Adam Tiehl

Place of Business, 461 N. Gay St *Address,* No 288 O Donnell st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Baltimore City.

Board of Health, City of Baltimore,

Permit No. 76042 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma. G. Milburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 528 Hanover st

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 13/1883

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

I. C. Burch M. D.,
Medical Attendant.

Address, 15 / Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

13 Board of Health, City of Baltimore,

Permit No: 7043

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hannigan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 46 W. Grant St.

Cause of Death, First, (Primary,) Bronchitis & Catarrh

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 13th 83

Undertaker, Geo. W. Cadrogan

Place of Business, 227 Gay St.

W. A. Jones M. D.
Medical Attendant.

Address, 826 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

19 Board of Health, City of Baltimore,

Permit No. 71044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Henshaw

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* 13 *Months,* ~~——~~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 555 Franklin St Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} same

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, a week or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, 14th Nov

Wm R Quinan M. D.
Medical Attendant.

Undertaker, Wm N Tyrrell

Place of Business, 131 Hanover St *Address,* 71 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 71045 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Taylor

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1 N. Carroll.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 13 1883

Undertaker C. of Hennessy

Place of Business,

G. G. Link M. D.
Medical Attendant.

Address, Balt. & Gilsh. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 71046 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz' Gertrude Kenny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. Sv Eutaw

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial. St. Peters

Date of Burial. Nov 13th 1883

Undertaker A Dickens & Co

Place of Business Howard & Madison

L Patterson M. D., Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7047 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

Date of Death, November 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Simmonds

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Louisiana

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 22 N. Carey St

Cause of Death, First (Primary), Brain Disease

Second (Immediate), Coma

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Nov. 14th 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

F. T. Miles *M. D.*
Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

7/048

Board of Health, City of Baltimore.

Permit No. ~~3662~~ *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. R. Lane

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, { Give street and Number. } 329 Lafayette Avenue

Cause of Death, First (Primary), Congestion of Liver

Second (Immediate), Congestion of Liver

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mathews Co Va

Date of Burial, Nov 13th 1883

Undertaker Denny & Mitchell

Place of Business, 5501 Eastern Ave

J. W. J. Englar M. D.
Medical Attendant.

Address, 314 ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 7049 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cunigunde Doenelein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* ..... 14 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 25 S. Durham st.

Cause of Death, First (Primary), Inanition

Second (Immediate) .....

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Nov 13th

Undertaker, W. Leippe

Place of Business, ...

P. E. Daud M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 71050 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1893 BALTIMORE, MD.

Date of Death, Nov 12, 1893

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Mansfield

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days,* 12

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 357 E Lanvale St

Cause of Death. First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphosus C

Date of Burial, Nov 13

Undertaker Leppert

Place of Business, ...

Medical Attendant. M. D.

Address, 357 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 71067 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Kurtz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 1 *Months,* 23 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 43 S. Chapter St.,

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Nov 13

Undertaker Van den Bay

Place of Business,

A. F. Eich M. D.
Medical Attendant.

Address, 95 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7052 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hartz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~9~~ *Years,* 4 *Months,* *Days,*

Color, ~~W~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 31 Allen Alley

Cause of Death, First (Primary), Stomatitis

Second (Immediate), "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 13th 1883

Undertaker C A White

Place of Business, Forty Six

Geo A Jewett M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7013 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H. Lauhodt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 132 Scott St

Cause of Death, First (Primary). Exposure. Bronchitis & Pneumonia acute

Second (Immediate). " " Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 15th 1883

Undertaker John M. Weaver

Place of Business, 129 W Pratt *Address,* 144 Hanover St

Geo. H. Rosier M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 11052 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Schmuck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 386 West. st

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Prostration

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel. C.

Date of Burial, Nov. 14" 1883.

Undertaker Ph. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 166 W. Pratt st.

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7655 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Driver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty Nine *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Since boyhood

Place of Death, {Give street and Number.} 3 Harman's Crt Hill St

Cause of Death, First, (Primary,) Chronic Bronchitis, Asthma and

Second, (Immediate,) General Dropsy

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 13

Undertaker, G. W. Perkins

Place of Business, 137 Hamburg St

Address, Southern Dispensary

Julius Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 71066 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephus L. Bump

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 7 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Provision Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bridgewater Mass

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and Number.} 209 Townsend St

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of the Vagus

Duration of Last Sickness, Had been complaining for several days of faintness Verily paralysis a little over 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 14th 1883

Undertaker, J. Lority

Place of Business, # 156 W. Madison St

Elias Price & Son M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

5

Permit No. 71057 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 3 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Hunselbaugh & Streett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Mill

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 143 N. Exeter St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 14th, 83

Undertaker Wm. H. Fuchsman

Place of Business, 234 N. Gay St

Prof. J. S. Lynch M.D.
S. J. Streett M.D.
L. Streett M. D.
Medical Attendant.

Address, 143 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 40058 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 13 1883 MD

CERTIFICATE OF DEATH.

Date of Death, November 13 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Loessel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* 7 *Months,* 11 *Days,*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Restaurateur.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 116 Johnson St.

Cause of Death. First (Primary), Chronic Bronchitis.

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, For a long time.

the above information should be furnished by the Physician.

Place of Burial, Laurel Home.

Date of Burial, Nov. 15-1883.

Undertaker G. S. Haile.

Place of Business, 52 West Pl

L. C. Haine M. D.
Medical Attendant.

Address Myrtle ave & Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7059 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mary & Nick Frazier

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* / *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md a

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 234 Mellevan St

Cause of Death, First (Primary), Premature Birth (6 mos)

Second (Immediate), [redacted]

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary

Date of Burial, Nov 13

Undertaker J Bloch

Place of Business, ...

Gus. P. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 7166 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 12

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Kelly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 173 Fork Ave

Cause of Death, First (Primary), ...

Second (Immediate) Prematurity

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 13

Undertaker J Davis

Place of Business, ...

Wm H Benson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No 7661 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
NOV 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann H. Kohls

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 34 *Years,* 2 *Months,* — *Days,* 1

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 4 Lawson st. (L. P.)

Cause of Death, First (Primary), Fracture of Skull from a fall of about 30 ft.

Second (Immediate) Concussion

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Nov 14 1883 C. L. Buddenbohn M. D.

Medical Attendant.

Undertaker John Hennig

Place of Business, 382 Orleans St *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7662 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Mitchell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (5-3 years)

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 188 Saca st

Cause of Death, First (Primary), Gangrene

Second (Immediate), Blood Poison

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, November 14th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw st *Address,* 76 Saca

A. H. Gurney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71063 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883

CERTIFICATE OF DEATH.

Date of Death, 12 November 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis August Scherzer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 68 *Years,* 11 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Cabinetmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Minden – Prussia

Duration of Residence in the City of Baltimore, about 31 years

Place of Death, {Give street and Number.} Eutaw Street 76

Cause of Death, First (Primary), Chronic disease of liver

Second (Immediate) Coma

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 15 November 1883

Undertaker H. J. Tschiesner

Place of Business, Eutaw 65

H. Steinhauer M. D.
Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 71064 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Catherine Dressel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* 4 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 289 E. Monument St

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Cerebral Embolism

Duration of Last Sickness, Instantaneously

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16th

Undertaker Lee Schilling

Place of Business, ...

J. C. Selover M. D.
Medical Attendant.

Address, 1611 Eager or Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 11065 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rebecca Amey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 541 Mulberry St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Nov 15th 1883

James Bocley M. D.
Medical Attendant.

Undertaker John S Hacker

Place of Business, No 151 Candler *Address,* 319 Wallis av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 71066 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frank Waters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co. Maryland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and Number.} No 12 South Gilmor St.

Cause of Death, First, (Primary,) Lead poisoning. Complicated

Second, (Immediate,) with Albuminuria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem'y

Date of Burial, Nov 15th 1883 *Samuel Morris* M. D.,

Undertaker, D Emmy 2nd Mitchell Medical Attendant.

Place of Business, 550 W Fayette *Address,* 561 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71667 Office of Registration of Vital Statistics. Ward 5

The Physician who attended any [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person super[illegible]l, within [illegible] after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883 [illegible]MORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ann Grayson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 36 L. McElderry St.

Cause of Death. First (Primary), Anemrism of Right Subclavian Artery

Second (Immediate), ...

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 13th 1883

Undertaker Wm. H. Dungee

Place of Business, 62 East St

E. B. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 7068 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Berlin A. Egan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 22 S. Fulton St

Cause of Death, First (Primary),

Second (Immediate). Mineral Dropsy —

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Nov. 16th/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St

W. R. McShane M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7069 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McIntyre

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 231 Madison Ave

Cause of Death, First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, November 14th 1883 C. O'Donovan M. D.,

Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw *Address,* 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 11070 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883

CERTIFICATE OF DEATH.

Date of Death, November 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seiten Brinaer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Expressman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Car West Fayette & Canton Ave

Cause of Death, First (Primary), Injuries - Head & Neck - Thrown

Second (Immediate), from wagon

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 15th 1883

Undertaker James McGinnis

Place of Business, 1 & 3 Plowman St

Alexander [redacted] M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71071 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 14 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Mabbs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about 14 years

Place of Death, {Give street and number.} No 91 Pearl st Baltimore

Cause of death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Nov 15

Undertaker, Walter Inman

Place of Business, 315 W. Biddle

James I Fuller M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...no Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 71072 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Female Lenetta Deahoe

Sex, ~~Male~~ *or* ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 209 S Charles St

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Novemb. 14

Undertaker B. Hurtt

Place of Business, 62 West St

Edward C. Fick M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 71073 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov. '14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Rossman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 4 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} 27 Burrough St.

Cause of Death, First (Primary). Burnt (accidental)

Second (Immediate). Nervous Shock.

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov. 16

Undertaker B. Flick

Place of Business, 2 W. Pratt St.

R. H. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 71074 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1983
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wilson Shaub

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 72 S. Castle St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lauraelville Md.

Date of Burial, Nov 14th.

Undertaker F. N. Towill

Place of Business, #131 Hanover St *Address,* Body & Pratt

Joel Benjamin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die ~~in the said city~~, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 11976 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th Jennie Stephen

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} "baby" Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 5 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 46 Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 13th 1883

Undertaker, Wm McDunn

Place of Business, 62 East St

H. H. Biss M. D.,
Medical Attendant.

Address, 1143 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 71876 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peugratzius Schrüfer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 8 *Months,* 24 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} Solair Hospital Corner Stable

Cause of Death, First (Primary), Acute Lobar Pneumonia (Double)

Second (Immediate), Asphyxia

Duration of Last Sickness, Six (6) Days

The above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov 14 83

Undertaker G. Frank

Place of Business, Penk & Wolf Address, Corner Gardiner Fourth

C. W. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7107 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip R. McWilliams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 6 Essex st.

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 15th 83

Undertaker G. Frame

Place of Business, Davis & Wolf *Address,* 1170 Broadway

R W Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7167 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 14 1883

Date of Death, November 13. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Estelle Lechorge

Sex, ~~Male,~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 130 S. Washington St.

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Suppression of Kidney. Convulsions. Cerebral Effusion.

Duration of Last Sickness, 24 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 14th 83

Undertaker, G. Franz

Place of Business, Gorsuch & Mott *Address,* 147 S. Eutaw St.

Alfred Whitehead M.R.C.S. Eng. L.R.C.P. Lond. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 71079 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
NOV 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Reis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} No. 12 S. Caroline Alley

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 22 Days

All the above information should be furnished by the Physician.

Place of Burial, Nov. 16th 83

Date of Burial, St. Alphonsus

Undertaker G. France

Place of Business, 9 Bank & Water Sts.

D. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71680 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann Harrison

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, One year,

Place of Death, {Give street and Number.} 47 S. Chester St.

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, Nov 14 1883

Undertaker N. F. Curran

Place of Business, 53 S Broadway

G. Glanville Tuck M. D.
Medical Attendant.

Address, Balt. & Hook. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71081 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bitter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 44

Place of Death, {Give street and Number.} 214 Stirling St.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, From 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Nov 15 1883

Undertaker, Henry Loeb

Place of Business, 309 Eutaw Ave

Edwd A. Davis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7082 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hester

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 130 Union

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 1 Year

the above information should be furnished by the Physician

Place of Burial, St. Vincent Cem.

Date of Burial, Nov. 15th 1883 Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 W. Gay *Address,* 171 Union Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 7883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15 1883 BALTIMORE

Date of Death, Nov. 13. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Maria Parsons

Sex, Male or Female, { cross out the word not required in this line. }

Age, 52 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 47 S. Ann St

Cause of Death, First, (Primary,) Organic Heart disease with dropsy

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 15th 1883

John J. Kirk M. D.
Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 411 E Balto *Address,* 215 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 71687 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Heck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 1 *Months,* ____ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Carriage-Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 407 N. Central Ave.

Cause of Death.
First (Primary), Phthisis Pulmonalis
Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 15th 83.

Undertaker Wm. H. Lickman

Place of Business, 234 N. Gay St.

Geo. A. Newman M. D.
Medical Attendant.

Address, * 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 11086 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec Nov 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 S - Wol

Cause of Death, First (Primary), Measles - Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Dallas A Cemetery

Date of Burial, Nov 14 1883

Undertaker J J Looks

Place of Business, #73 Jefferson

G. L. Wilson M. D.
Medical Attendant.

Address, 773 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7086 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Long

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 36 years

Place of Death, {Give street and Number.} 254 S. Dallas St

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness, abt 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 15. 1883

Chas M. Morfit M. D.

Medical Attendant.

Undertaker H. Saunders & Son

Place of Business, 252 Canton Ave Address, 67 Elbert St

NOV 15 1883 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 11087 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E Barringer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 664 Charles or

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, Nov. 15. 1883

Undertaker Wm. Saunders & Son

Place of Business, 252 Canton *Address,* 110 Fort av

D. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phy[illegible]ns is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 71088 ; *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lorenz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* 5 *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 419 Eastern av.

Cause of Death, First (Primary), Acute Gastritis,

Second (Immediate), Cause — Alcoholism.

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co.

Date of Burial, Nov. 16. 1883

Undertaker H. C. Saunders & Son

Place of Business, 252 Canton Av

John H. Rehberger M. D.
Medical Attendant.

Address, 743 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 17

Permit No. 71089

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara E Walter

Sex, Male or Female, { Cross out the word not required in this line. } Days,

Age, 6 *Years,* Months,

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 6

Place of Death, { Give street and Number. } Burrough

Cause of Death, First (Primary), Stock &c

Second (Immediate), 20 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C. Dr. P. Ellis M. D.

Date of Burial, Nov 16 Medical Attendant.

Undertaker B. Hall

Place of Business, 2 West *Address,* 313 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 71098 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jaccie McConnell.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 17 *Years.* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 4 mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 272 Battery Ave

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, November 16

Undertaker, B Thorle

Place of Business, 82 West St

P.O. Baltimore Md.

Jno J McCormick M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7091 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1883 BALTIMORE, MD.

CERTIFICATE OF ~~DEATH~~ BIRTH.

Date of Death, Nov. 14 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rabina Arbuckle

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 0 *Years,* 9 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 33 Clarkson St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, November 15

Undertaker B. Hauk

Place of Business, 82 West St.

G. A. Cooke M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7892 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard O Connell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give street and Number. } Loyola College N. Calvert St

Cause of Death, First (Primary), Pain from 4th Story window

Second (Immediate), Fract Skull &c

Duration of Last Sickness, 3 min Ts

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Md.

Date of Burial, Nov. 15th

Undertaker J. P. Byrne

Place of Business, 63 N. Front

Alexander Linsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta' , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11083 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 15 1883 BALTIMORE, MD.

Date of Death, Nov 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jemima Supplee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 594 W Lombard St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 2½ weeks

All the above information should be furnished by the Physician.

Place of Burial. Mt. Olivet

Date of Burial. Nov. 16/83

Undertaker, J B Cook

Place of Business, 207 W. Balto St, Address,

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 71694 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Connelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 22 S. Fremont st

Cause of Death, First (Primary),

Second (Immediate) Cancer of Lower Jaw

Duration of Last Sickness, 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 15/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 582 W. Fayette

J. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 71695 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Choate

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 1 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co, Md.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and Number.} 46 N. Mount

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Several yrs.

All the above information should be furnished by the Physician.

Place of Burial, Westernstown

Date of Burial, Nov. 17/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

John Hood *M. D.,*
Medical Attendant.

Address, 322 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7096 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Stegel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — 6 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Weeks

Place of Death, {Give street and Number.} 108 E Pratt St

Cause of Death, First (Primary), Convulsions

Second (Immediate), "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E Baltimore Pub Cemetery

Date of Burial, Nov 15 1883

Undertaker Geo Rinehart

Place of Business,

Geo. H. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Distribution of Bd of Health

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7697 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Ann Lottie Eifert (Parents)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 Hours. ~~Days~~,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 85 Dover St

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 6

Undertaker John Seifert

Place of Business,

Geo. W. Dixon M. D.

~~Medical Attendant~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E Wurdinger

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 11098 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Boyce

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Three *Years,* Two *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 219 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Brights Disease

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16th

Undertaker W. Boltkamp Jr.

Place of Business, 253 E. Lombard St. *Address,* Arlington ave & Mosher

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore

Permit No. 71099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, Years

Place of Death, {Give street and number.} 102 Hanover

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Acute Congestion &c

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, Nov. 16th 1883

Undertaker, Samuel N Chase

Place of Business, 198 E Howard St

C B Gamble M.D.,
Medical Attendant.

Address, 69 Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 7108 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Knight.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-6 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Policeman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 240 Montgomery.

Cause of Death, First (Primary),

Second (Immediate). Dysentery.

Duration of Last Sickness, 10 days.

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 16-83

Undertaker C. F. Krause

Place of Business,

R. J. H. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7101 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. NOV 15 1883

CERTIFICATE OF DEATH.

Date of Death, November 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madora V. Kirby.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} 87 Washington St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, November 16th 1883

Undertaker Denny & Mitchell

Place of Business, 68 S Broadway

Isle Benzinger M. D.
Medical Attendant.

Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7162

Office of Registrar of Vital Statistics. Ward 12

The Physician who at[tended] ... sentation of this Certificate, *accurately filled out*, to the Undertaker or ot[her] ... rs after the death of said deceased, or sooner, if requested so to do, under pe[nalty].

No Permit ... be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Kenan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy four *Years,* three *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belfast, Ireland.

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and Number.} 347 Madison Av.

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,)

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cy

Date of Burial, Nov 17/83

Undertaker, } J. F. Hedstrom Jr, & M. D.,
Place of Business, STEWART & HOUSTON, UNDERTAKERS, 35 Park Ave. } Medical Attendant.

Address, 136 Bolton, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of.

10

Board of Health, City of Baltimore,

Permit No. 71103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Amanda Lyle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colo'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 42 Diamond St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis 4 m

Second, (Immediate.) Throat Trouble

Duration of Last Sickness, three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery.

Date of Burial, Nov 16th 1883

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

D. Yingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 71014 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883

CERTIFICATE OF DEATH.

Date of Death, November 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline M Boggins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 265 Cross St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 16th

Undertaker C. F. Bauer

Place of Business, 209 Hanover

Lent Bell M. D.

Medical Attendant

Address, 181 S. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 71106 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 18[illegible]
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta A Witte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 66 Hill St

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 16

Undertaker E Schlosman

Place of Business, ...

Geo. H. Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 11106 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia M. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 7 *Months,* 29 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 505 Harford Avenue

Cause of Death, First (Primary), Carcinoma Uteri

Second (Immediate) Marasmus

Duration of Last Sickness, Ten (10) months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th

Undertaker George Schilling

Place of Business, ...

S. N. Selmer M. D.
Medical Attendant.

Address, 505 Harford Avenue

NOV 16 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7107 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Young

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 100 Fred ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 16 1883

Undertaker Jas P Parnes

Place of Business, 86 Fred ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 7108 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret G. Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From time

Place of Death, {Give street and Number.} 1131 E. Fayette St

Cause of Death, First (Primary), Peritonitis

Second (Immediate) ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, November 17th 1883

Undertaker Denny & Mitchell

Place of Business. 60 S Broadway

... *M. D.*
Medical Attendant.

Address, 84 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7109 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeanett D. Penrose

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 31 S. Fulton

Cause of Death, First, (Primary,) "

Second, (Immediate,) Phthisis Pulmonalis "

Duration of Last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 16/83

Undertaker, Austin Cook

Place of Business, 263 Light

Jas. G. Smithcum M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

For Special Attention of ... Physician ... Duties on Back.

Board of Health, City of Baltimore,

Permit No. 7110 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Sweeney

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 31 *Years,* 3 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Glassblower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 399 S. Eutaw St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 18/83

Undertaker, Annuity Ou

Place of Business, 263 Light

H. C. Burch M. D., Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7111 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15/883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena D Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 3 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 115 Rudgely St

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 17 Th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Address, 168 Pacific St

Jas D Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 1112 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Michael Orchard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 453. W Lombard St

Cause of Death, First (Primary), Dentition & Pneumonia.

Second (Immediate) Convulsions.

Duration of Last Sickness, 17 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 16th 1883

Undertaker Wm B Cook

Place of Business, No 707 W Baltimore Street Address 273. Lexington St

John L. Ostrom M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 7113 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 8 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hagarstown Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 338 Fairmount Ave

Cause of death, First, (Primary,) Tubercular Laryngitis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, Nov. 18/1883

Undertaker, J W Cook

Place of Business, 107 W Balto St

A Arrison M. D.,
Medical Attendant.

Address, 276 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3082

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 16 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erasmus Ahler

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} No 185 Madison Ave

Cause of Death, First, (Primary,) Heart and lever disease. Calcareous degeneration of Arteries & dilatation

Second, (Immediate,) Hemorrhage from Stomach

Duration of last Sickness, 3 Months death suddenly from giving away of an artery. 3 pints vomited black.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Per

Date of Burial, November 17th 1883 E. R. Ahler M. D.

Medical Attendant.

Undertaker, William G Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 234 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

7 Board of Health, City of Baltimore,

Permit No. 7115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward M. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Four Years, 6 Months, Days.

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 231 N. Wolf St.

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,) Uremia (& Exaustion)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov 16/1883

Undertaker, Henry Lorsch

Place of Business, 309 Centre ave

Thomas J. Simms M. D.
Medical Attendant.

Address, 242 N. B. Way.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7116 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wecker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 230 N. Broad Street

Cause of Death, First (Primary), Senility

Second (Immediate), — — —

Duration of Last Sickness, — — —

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 18, 1883

Undertaker Henry Hoen

Place of Business, 309 Central Ave

Leo Steiner M. D.
Medical Attendant.

E. C. Engelhardt
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 7117 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF VITAL STATISTICS
NOV 16 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ellen Duffey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 236 N. Wolfe St.

Cause of Death,
First (Primary),
Second (Immediate) Chronic Tuberculosis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 17 1883

Undertaker Wm H. Hickman

Place of Business, 1234 Gay St

Geo. Brooke Lyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7116 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Gründer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~4~~ 3 *Years,* 11 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 19 Gettings Str

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, November 16

Undertaker B. Hank

Place of Business, 82 West St

Hanson Cox M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, and to Section [illegible]

Board of Health, City of Baltimore,

Permit No. 71119 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry R Lee

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Kept an Eating House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lunsburg Va

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} 366 Light St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, One a year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, November 18

Undertaker B. Hall

Place of Business, 82 West St.

F. F. Miles M. D.
Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 7120

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Saxon Germany 13 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 180 Lee Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis & Dropsy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, November 16

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St

John A Schultz, M.D.,
Medical Attendant.

Address, N E Cor Lombard & Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 7121 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Lichner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2/4 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and Number.} 615 Hanover.

Cause of Death, First (Primary),

Second (Immediate), Cancer. (Scirrhus of Breast)

Duration of Last Sickness, near 3 years.

the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 17th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 152 Sharp St.

A. J. N. Falk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7112 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 16 1883 REGISTRAR BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maynard Guy E

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 96 Fayette St. W.

Cause of Death, First (Primary), Scarlet fever

Second (Immediate) Infantile Vomiting

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Nov. 16 1883

Undertaker Coleman & Evans

Place of Business, 12 Hall Place

Edward P. McDevitt M. D.
Medical Attendant.

Address, 54 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 7123 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 14 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Sanks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 253 Eutaw

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Nov 16 1883

Undertaker L. Ross

Place of Business, 95 Conway st

W. S. Bond M. D.
Medical Attendant.

Address, 210 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Alexander Dixon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 38 Boyd St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 16 1883

Undertaker, H. Ross

Place of Business, 95 Conway

J. H. Buchanan M. D.
Medical Attendant.

Address, 347 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 71125 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883 ... MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schwarzenberg

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} Cor. Argyle Ave & Sewell St.

Cause of Death. First (Primary), Typhoid — Malarial fever

Second (Immediate), Asthenia

Duration of Last Sickness, 4 weeks

the above info mation should be furnished by the Physician.

Place of Burial, Balto Cem'y

Date of Burial, Nov 17th 1883

Undertaker A Dickens & Co

Place of Business Howard & Mad

Wm Gonhil M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7126 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Haines

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——————

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 6 Woodyear St. Baltimore Md.

Duration of Residence in the City of Baltimore, 11 months 21 days.

Place of Death, {Give street and Number.} 64 Biddle Alley

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 17th 83

Undertaker W Eddrogan

Place of Business, 227 Mulberry

Geo. C. Shannon M. D.
Medical Attendant.

Address, 176 Penna ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore.

Permit No 7127 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances Mathews

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 17 Chesapeake St

Cause of Death, First (Primary), Immediate

Second (Immediate) Chronic Dyspepsia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cem.

Date of Burial, Nov. 17, 1883

Undertaker C. Sanders & Son

Place of Business, 252 Canton Ave Address,

J. H. Mace M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 1128 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 16 1883

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Larmour

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 298 E. Fountain St.

Cause of Death, First (Primary), Colitis

Second (Immediate), Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 17 1883

Undertaker H. C. Sanderson & Son

Place of Business, 252 Canton

G. Glanville Lee M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 7129 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883 ...RE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mabel Allen

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, ea

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Mea

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } H Smith ct

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Duration of Last Sickness, ...

All the above info mation should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 16

Undertaker Mr Blakeney

Place of Business, ...

Geo. H. Jenson M. D.
Medical Attendant.

Address, Box of Laurel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7130 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1883

CERTIFICATE OF DEATH.

Date of Death, November 15-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helena Burkamp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty (40) years

Place of Death, {Give street and Number.} 197 Druid Hill Avenue

Cause of Death. First (Primary),

Second (Immediate). Paralysis (Hemiplegia)

Duration of Last Sickness, Six weeks.

the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, Nov 17 1883

Louis W. Knight M. D.
Medical Attendant.

Undertaker A Rosenberger

Place of Business, 70 Mulberry *Address,* 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 7113 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 16 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Jordan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} Hotel Western

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, Bonn Brae

Date of Burial, Nov 17th 83

Undertaker Kemp Watkins & Son

Place of Business, Park & Saratoga

Julius Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7132 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15: 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Procella

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 15 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Harrison

Cause of Death, First, (Primary,) Laryngitis Diphtheritica

Second, (Immediate,) Apn.a

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 17th 1883

Undertaker, Jas McGinnis

Place of Business, 1 & 3 Bowman *Address,*

D L Lucas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7123 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 15 Little McSherry

Cause of Death, First (Primary),

Second (Immediate) Disease of heart-

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th

Undertaker George Schilling

Place of Business,

F. F. Connolly *M. D.*
" Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah O B Horn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 285 Central Ave

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of Last Sickness, Sick (6) days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Nov 17th

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St

E H Rulison M.D.,
Medical Attendant.

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7134 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17th 9ber 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kinsher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 77 Months, Days,

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germania

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor cor. Preston and Valley sts

Cause of Death, First (Primary), Ovarian Tumor

Second (Immediate),

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 18th 9ber 1883

Undertaker Henry S. Shettheis

Place of Business,

Thos. Fowler Bond M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, Wd 8th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Bucraft

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Ninety seven *Years,* *Months,* Twenty Three *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Statesman (Private)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Seventy Years

Place of Death, {Give street and number.} No. 7 Oak Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Dropsy & Exhaustion

Duration of Last Sickness, about Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 17th 1883

Wm Green M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, No 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7137 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE MD.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen O'Neil

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 2 Years

Place of Death, {Give street and Number.} No 15 Bruce St

Cause of Death, First (Primary),

Second (Immediate), Child bed fever

Duration of Last Sickness About one Week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov. 17/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St.

W. Cruchan M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 71136 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gallagher.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* *Days,*

Color, wht.

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Cor. Pine and Biddle

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 18th 1883.

Undertaker, D. Loritz

Place of Business, #156 W. Madison St

A. Lane Tamplin M. D.,

Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 71139 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Anderson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* / *Days,*

Color, CA

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [redacted]a

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 174 Fulton St

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, Nov 17

Undertaker S Davis

Place of Business, ...

Geo. H. Simons M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16, 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Ritzle

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 75 S. Stricker St.

Cause of Death, First, (Primary,) Cerebral Malaria

Second, (Immediate,) Congestion

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th 1883 | W. A. Fenn M. D.

Medical Attendant.

Undertaker, C. M. Leonard & Son

Place of Business, 782 W. Baltimore st | *Address,* 826 Valley st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7/1411 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 289 E. Eager st

Cause of Death, First (Primary), Intussusception of the Bowels

Second (Immediate),

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Bell Church

Date of Burial, Nov 18, 1883

Undertaker John W. Jackson

Place of Business, Cor E. Lexington

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 1127 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, George L. Rondel Nov. 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* *Days,*

Color, white

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 391 William St

Cause of Death. First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 months

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, November 17

Undertaker B Hall

Place of Business,

Louis C. Elan M. D.
per H.K. Medical Attendant.

Address, 228 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 71143 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H Chambers

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Auditor Adams Exp

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole time

Place of Death, { Give street and Number. } 416 Colvert Ave

Cause of Death, First (Primary), Typhoid

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 18th 83

Undertaker John H. McElroy

Place of Business, 22 W Fayette St *Address,* 186 W. Fayette St

J. H. Crim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

9

Permit No. 7147

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 16: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give street and number.} 148 St Paul st

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 18th 83

Undertaker, J. H. McCoy

Place of Business, 22 W Fayette St

H. C. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

13 Board of Health, City of Baltimore,

Permit No. 7167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie McAuliffe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 83 S. Appleton St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " " Toxaemia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 17th 83

Undertaker, Matthew Corrigan

Place of Business, 227 Fulton St

T. F. McCormick M. D.
Medical Attendant.

Address 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 71146 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Liberia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Vincent alley

Cause of Death, First, (Primary,) Organic Heart disease

Second, (Immediate,)

Duration of Last Sickness, one hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial. Nov 16th 83

G. H. Simms M. D.,
Medical Attendant.

Undertaker, H. J. Jordan

Place of Business, 62 Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7147 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1883. 5:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Geco

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy (U.S. 15 Yrs)

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Aneurism of Aorta

Second (Immediate),

Duration of Last Sickness, About 6 months (not exactly known)

All the above Information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Nov 17 1883

Undertaker H Schultheis

Place of Business, E Monument Ave *Address,* St Josephs Hospital

Joseph H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7148

The Physician who attended any person in a last illness is responsiblo for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin P. Wheeler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 48 Chew Street

Cause of Death, First (Primary,) Marasmus following Colon Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, About six months.

All the above information should be furnished by the Physician.

Place of Burial, Bals

Date of Burial, Nov 18

Aug. A. Elwell M. D.
Medical Attendant.

Undertaker, M. Ch. Neher

Place of Business, Cor. East & Eutaw Sts *Address* 557 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in tho said city, it shall be tho duty of the Physician who attended during his or her last sickness, or tho Coronor, when tho case comes under his notice, to furnish within forty-eight hours after the death, to tho Undertaker or other person or persons superintending tho burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7114 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11. 15. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Parker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 13 *Days,*

Color, ed

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5-13/30 mos

Place of Death, {Give street and Number.} 26 Stockton al

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 Wk

All the above Information should be furnished by the Physician.

Place of Burial, Shan[illegible] Cemetery

Date of Burial, Nov 17 1883

Undertaker C of Humanity

Place of Business,

H M Eastman M. D.
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71167 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dreckel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Tanner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } 23 Smith St

Cause of Death, First (Primary), Old age, supposed to be-

Second (Immediate), Exhaustion

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 18. 83

Undertaker Martin Faber

Place of Business, 128 Townsend *Address,* 188 Eagle

J. H. Keller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No. 71167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Percy Gude

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 1 3 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Greenberry

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 17th 1883

{*Undertaker,* Wm. M. Dunger

{*Place of Business,* 62 East, st

Thos. F. Kinnel M. D.
Medical Attendant.

Address 127 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7116 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 17 1883
BALTIMORE, MD.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* 5 *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 54 S. Ann St

Cause of Death,
First (Primary),
Second (Immediate), Typhoid Fever
Ten Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Nov. 19. 1883

Date of Burial, St. Patricks Cem

Undertaker M. A. Dargan

Place of Business, 74 S. Bway

Nicholas L. Bakielle Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7163 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED NOV 17 1883 BALTIMORE, MD.

Date of Death, November 16. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Langrall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 44 *Years,* 7 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 452 E. Lombard St.

Cause of Death, First, (Primary,) Renal Granular degeneration

Second, (Immediate,) Uremic Poison

Duration of Last Sickness, 9 Months

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks, Cem.

Date of Burial, Nov. 19. /83

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Jno. T. Powell. M. D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 7152 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Frank Mole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 105 Orleans St

Cause of death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Faires St

Date of Burial, Nov 19

Undertaker, F. Hoffman

Place of Business,

A. Aronstein M. D.,
Medical Attendant.

Address, 276 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7165 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Unknown *Years,* ~~Months,~~ ~~Days,~~

Color, Black

Married, ~~Single~~, ~~Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} In tenement Cor Ark Av & Campbell

Cause of Death, First (Primary), Consumption.
Second (Immediate).

Duration of Last Sickness, Unknown

the above information should be furnished by the Physician.

Place of Burial, N P

Date of Burial, Nov 17

Undertaker F Kershner

Place of Business, *Address,*

W. H. Barnes, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7116 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Knack

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 369 N Central Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Nov 18/83

Undertaker A Hoeck & Son

Place of Business,

Geo. A. Gunn M. D.

~~Medical Attendant.~~

Address, Con. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7157 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A White.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and Number.} 16 Jackson Place

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, Nearly three Months

All the above informationshould be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, November 20th 1883 R W Cathell M. D.,

Medical Attendant.

Undertaker, Denny & Butchell

Place of Business, 65 S Broadway Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7167. *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bias

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 45 Jefferson St

Cause of Death,
First (Primary), Tetanus (Lockjaw) caused from
Second (Immediate), sore on finger

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial 17th 18— 1883

Undertaker W W Madden

Place of Business, 76 East St

Francis X. Lane M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71159 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 17 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 22 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 324 Montgomery St

Cause of Death, First (Primary), Natural

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 17 1888

Undertaker H Boze

Place of Business, 95 Lombard St

J. K. Riley M. D.
Medical Attendant.

Address, 195 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71160 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 83-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael J. Shew

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1 Plumb Row

Cause of Death, First (Primary), Dipatheria

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov. 17 1883

Undertaker .....

Place of Business, ...

W. S. Bruce M. D.
Medical Attendant.

Address, 310 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71161 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16th Nov. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Bevan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 51 Leadenhall

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Penna

Date of Burial, Nov 20 1883

Undertaker, [illegible]

Place of Business, [illegible]

H W Webster M. D., Medical Attendant.

Address, 51 Leadenhall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71162 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine McCormick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 34 Laurel St

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), General Anasarca, Exhaustion

Duration of Last Sickness, Some Years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 17th 1883

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker Henry W. Means

Place of Business, 45 N Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71163 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1883 BALTIMORE

Date of Death, 16th Nov. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Adam Schaefer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 73 *Years,* 0 *Months,* 0 *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Gardener

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 5 Jackson Court

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem'y

Date of Burial, Nov 18 1883

Dr. H. Hebbeln M. D.,
Medical Attendant.

Undertaker, J. Rosenberger

Place of Business, 70 Pine Alley *Address,* 120 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, thirty three *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Several weeks

Place of Death, {Give street and number.} #25 McCulloh St.

Cause of Death, First, (Primary.) Oophorectomy.

Second, (Immediate.) Septicaemia

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Va

Date of Burial, Nov 19th 1883

Undertaker, A Deaton and Co.

Place of Business, Howard & Mt. *Address,* #146 Park ave.

Robt. T. Wilson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3083 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71165 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1883 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rood

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 13 *Years,* 5 *Months,* 6 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 351 E. Lombard st.

Cause of Death,
First (Primary), typhoid malarial fever
Second (Immediate),

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, November 19 - 83

Undertaker Chas. Lund Sons

Place of Business, 135 Bank

P. L. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71166

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 17 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Horn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 185 Central av

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Nov 18 "

E Hall Rutledge M.D.,

Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 27 S Caroline St *Address,* 108 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7167 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1883 BALTIMORE

Date of Death, Nov 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ignatius D. Trill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* 10 *Months,* 6 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Bricklayer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 4 hours

Place of Death, { Give street and Number. } 18. Fort and

Cause of Death, First (Primary), Fracture of the Skull

Second (Immediate), Hemmorhage within the Skull Causing Compression of the Brain

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 18 1883

Henry Ortt M. D.
Medical Attendant.

Undertaker C. F. Krauss

Place of Business, 209 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 71168 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Zell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty eight (68) *Years,* *Months,* *Days,*

Color,

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Fifty two 52 (years)

Place of Death, {Give street and Number.} 442 Druid Hill Av.

Cause of Death, First, (Primary,) Fracture of neck of thigh

Second, (Immediate,) General Debility.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 19th 1883

Undertaker, John Andrews

Place of Business, 104 Druid Hill Ave

J. W. C. Cudd, M. D., Medical Attendant.

Address, 137 N. Carrollton av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71169 *Office of Registrar of Vital Statistics.* **Ward** 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1883

Date of Death, Nov 16 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances H ~~Parker~~ Jarvis

Sex, ~~*Male or,*~~ *Female.* {Cross out the word not required in this line.}

Age, 76 *Years,* —— *Months,* 23 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Astoria Long Island N Y

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 582 Madison Ave

Cause of Death. First (Primary), Apoplexia,

Second (Immediate),

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 18/83

Undertaker C. H. Blizzard

Place of Business, 198 Conrad Address, 162 Paca St

C H Cumy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 71170

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Chestnut St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,) Exhaustion

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 18th 1883

Undertaker, Wm A. Dungee

Place of Business, 62 East St

Samuel Bell M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 7117

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7117 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin Harrison

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 482 West Mulberry St

Cause of Death, First (Primary), Brain Softening

Second (Immediate), Cerebral Hemorrhage,

Duration of Last Sickness, two and a half days

the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov. 18th 1883

Undertaker D Emmy & Mitchell

Place of Business, 550 W Fayette St

H Stan M. D.
Medical Attendant.

Address, No 38 E Lee & St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7117 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1883. at 11 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Eline

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cem.

Date of Burial, Nov 19 1883

Undertaker J J Andrews

Place of Business No 4 Druid Hill Ave

Joseph F. White M. D.
Medical Attendant.

Address, St. Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7173 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1883

Date of Death, Nov 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L. Brumley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 2 *Months,* 17 *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wife of James J. Brumley

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and Number.} 334 Cross St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate) Chronic Diarrhea.

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, November 20th 1883.

Undertaker J. Loritz

Place of Business, #156 W. Madison St. *Address* 273 Lexington St

Thos. J. R. Thrift, M. D.
Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71174 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah V. Norris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days,*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 244 Mosher St.

Cause of Death, First, (Primary,) Melancholia

Second, (Immediate,) General Paralysis of Insane

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 19th 1883

Undertaker, D. Edw. Mitchell

Place of Business, 3308 Fayette St. *Address,* 49 Franklin St.

Geo. Van Bibber M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71175 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Wilkens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years* —— *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 609 W Fayette St

Cause of Death, First, (Primary,) "Gastro enteritis"

Second, (Immediate,) "Meningitis"

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 19th Nov. 83.

Undertakers Denny & Mitchell

Place of Business, Fayette & Hamilton Ave

Jas. L. Ludlum M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7176 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Wilmer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 181 S. Broadway

Cause of Death, First (Primary),

Second (Immediate) Epistaxis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Nov 18th 1883 Nicholas L. Dashiell, Jr. M. D.
Medical Attendant.

Undertaker Wm. Elam

Place of Business, 101 Gough St *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Over

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18 — '83. —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Benner

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md. —

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} # 247 Edmondson Ave. —

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 to 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 20th-'83

Alexander Hill, M. D.
Medical Attendant.

Undertaker, J. H. McCoy

Place of Business, 42 W Fayette St *Address* # 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7117 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 19 1883 BALTIMORE MD.

Date of Death, Nov 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 24 Peach alley

Cause of Death, First (Primary),

Second (Immediate) Diph Hemid

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19 1883

Undertaker Geo W Perkins

Place of Business, 217 Hamburg

L. McHale M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7179 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1885

CERTIFICATE OF DEATH.

Date of Death, Nov. 18, 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3

Place of Death, { Give street and Number. } 218 Hughes St.

Cause of Death, First (Primary), Varicella

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19th 1885

Undertaker Geo W Perkins

Place of Business, 217 Hanover

R. McP. Elder M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7116 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 '83
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna McCay

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Sixty *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ——

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penn.

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 72 S. Sharpe St

Cause of Death, First (Primary), Search Fever,

Second (Immediate), Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, November 19

Undertaker B. Walsh

Place of Business, 82 West St

Dr. Lancy Barclay M. D.
Medical Attendant

Address, 42 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7181 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gusfus McCoy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, One *Years,* Eight *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 72 Shark St

Cause of Death. First (Primary), Scarlet Fever (Malignia)

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 19

Undertaker B. Ward

Place of Business, 62 West St.

W E Lancy H Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sec. 2 of Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7112 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes A. Schaffstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 Years, 5 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 50 yrs in U. S.

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, {Give street and Number.} 5 Randall St.

Cause of Death, First (Primary), Dropsy — General

Second (Immediate), About 2 months

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, November 20

Undertaker B. Hurl

Place of Business, 42 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 233 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7183 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis X Schott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and Number.} 228 Lee St

Cause of Death, First (Primary).

Second (Immediate). Fatty degeneration of Heart

Duration of Last Sickness, (Sonatyas) Immediate attack 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Ft Gibson's

Date of Burial, Nov 20 th

Undertaker B. Hurd

Place of Business, 62 Wort St

Ng Gordon Lotz M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71184 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm F Price.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, ~~Years,~~ ~~Months,~~ 17 Days,

Color, white

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } 150 Dover St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), "

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 19th 1883

Undertaker E. T. Nannuth

Place of Business, 58 Poppleton st

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71185 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Wynn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 20 y

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 2505 Church

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 20th 83

Undertaker, M. Cardogan

Place of Business, 227 Hanover St

S Lehnen M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71186 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 11 Comb Alley

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 19

Undertaker, H Ross

Place of Business, 95 Conway St

Chas. D. Smith M. D.,
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71187 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Johanna Cummins {Parents}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 Minutes *Days* ~~—~~

Color, colt

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 179 East St

Cause of Death, First (Primary)

Second (Immediate) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 19 1883

Undertaker Jas. P. Boyne

Place of Business, 4 East St

Jas. W. Duncan M. D.

Medical ~~Attendant~~.

Address, Cor. of Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

Permit No. 71188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Child~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~No. 21~~ N. Wolfe St

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 19/83

Undertaker, Frey & Bro

Place of Business, 8th Broadway

Saml J. Bell M. D.
Medical Attendant.

Address 134 N. Eutaw St

NOV 19 1883 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Hook

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* 5 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation coffee roaster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 152 Willell St.

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fevers

Duration of Last Sickness, 7 weeks and 4 days

All the above information should be furnished to the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 20th

Undertaker George Schilling

Place of Business, *Address,* 95 Park Ave.

A. F. Eyich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

// **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babtized" Louisa Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Lewis alley

Cause of Death { First, (Primary,) Premature Birth
, { Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Nov 19

{ *Undertaker,* Sam Smith
{ *Place of Business,*

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

(over)

Board of Health, City of Baltimore,

Permit No. 7191 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry John William Tehrman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 79 Penna St.

Cause of Death, First, (Primary,) Erysepelas extending

Second, (Immediate,) over more than half the surface

Duration of Last Sickness, 6 days, 1 Visit Long past to case Contracted.

All the above information should be furnished by the Physician.

Place of Burial, David Hill Church Yard

Date of Burial, Nov 19

Gilman Hood M. D.

Medical Attendant.

Undertaker, C Rohde

Place of Business, 48 Penna ave *Address,* 332 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7192

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7192 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Nadal-

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days,*

Color, white-

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs-

Place of Death, {Give street and Number.} 236 n Fremont-

Cause of Death, First (Primary), Chronic Pulmonalis-

Second (Immediate), Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21 - 1883

Undertaker Carman & Bockelman

Place of Business, 263 Forrest st

4 Street M. D.

Medical Attendant.

Address, 1434 Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71193 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
NOV 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert M. Smyth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, Abt 12 years

Place of Death, {Give street and Number.} 349 N Bridge St

Cause of Death, First, (Primary,) Alcoholism

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 20th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Gutaw St

J. H. Wilson M. D.,
Medical Attendant.

Address, 251 Mad Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11194 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Bright

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, X *Years,* 3 *Months,* *Days,*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 88 Sterling St

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19th

Undertaker, Chas A White

Place of Business, 35 Granby St

A. J. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...nvited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

Permit No. 7195 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Ant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 13 S. Authony St.

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Hebb Redemmer Cem.

Date of Burial, Nov. 21st 1883

Undertaker Adam Fink

Place of Business, 461 N Gay St

C. O. Fisher M. D.
Medical Attendant.

Address, Cor Eager and Lin... Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 71196 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Regina Schultze

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 7 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} W

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 65 Henrietta St

Cause of Death, First, (Primary,) Ovarian tumor

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year ?

Al. The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20 th

Undertaker, Henry Van Volkenburgh

Place of Business, Hanover Md

J. Ried M. D.
Medical Attendant.

Address, 630 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 1119 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Sanks

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and Number. } 261 Montgomery St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mar. 21 Ct. House

Date of Burial, Mar. 19 th 1883

Undertaker S. H. Glass

Place of Business, Howard & Hill

U. S. Berry M. D.
Medical Attendant.

Address, 2 Worthington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7198 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Holliday Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 5 N. Dallas St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 19th 1883

Undertaker J. J. Lock

Place of Business, 423 Lafayette

J. H. Guy M. D.
Medical Attendant.

Address, 13 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 1199 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 1 *Month,* 24 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation . . . . . -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 97 N. Front Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Two (2) years

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 20, 1883

Undertaker Henry Hoeck

Place of Business, 309 Central Ave Address, E. Oyer & Caroline Streets

F. W. Silver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7200 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ( ) *Years,* 1 *Months,* 7 *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ( )

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 1883

Undertaker, Frank McVeagh.

Place of Business, Rivis & Hussey

R. McC. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem ave, Calton.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Stiles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 156 N Fulton St

Cause of Death, First (Primary,) Accident, Concussion of the brain

Second (Immediate,) Convulsions, Apnoea

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Trap Road Cemetery

Date of Burial, November 20

Undertaker, W. Eilau

Place of Business, 101 Gough St

Louis J. Bath *M.D.*
Medical Attendant.

Address 134 N Fulton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7202 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Bowen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 132 Raby st

Cause of Death. First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 19

Undertaker W H Dugan

Place of Business, ...

Geo. W. Dixon M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 71203 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio V Risso

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 102 Thames St

Cause of Death,
First (Primary),
Second (Immediate), Debility
Convulsions

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 19 1883

Undertaker W Dippel

Place of Business,

J H Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71204 Office of Registrar of Vital Statistics. Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hagen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Backer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} No 46 Gough sts

Cause of Death, First (Primary), Erysipelas of face and head complicated with Pneumonia

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Mount Carmel

Date of Burial, November 20th 1883

Undertaker N. Dippel

Place of Business,

L. P. Winternitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gilpin Harrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md?

Duration of Residence in the City of Baltimore, About 75 years

Place of Death, {Give street and number.} 378 Eutaw Place

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Yard Wm Harrison M. D.

Date of Burial, 21st Nov. 1883 Medical Attendant.

Undertaker, W. W. Jenkins & Son

Address by Carter W.

Place of Business, Park & Saratoga sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 7206

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Falconer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Cathedral St

Cause of Death, First, (Primary.) Ulceration of appendix with stricture ~~of Bowel~~

Second, (Immediate.) Acute Peritonitis from perforation of abscess into

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 20th 1883

Undertaker, Nelson Perkins & Son

Place of Business, Park & Saratoga

Riggin Buckler M.D.,

Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7207 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Hinchman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Supposed

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Aged Women's Home

Cause of Death, Firsf. (Primary,) old age

Second. (Immediate,) Chronic Gastritis

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Nov 20th 1883

Undertaker, H. W. Watkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 257 Mad Ave

A. M. Shipley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7208 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bimgony

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* 7 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { ~~Cross out the word not required in this line.~~ }

Occupation Wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Church Creek Dorchester Co. Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and Number. } 633 Hanover st

Cause of Death, First (Primary), Fistula in Ano

Second (Immediate), Lung Complication & Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 21st 1883

Undertaker Simstrong & Denny

Place of Business, 263 Light

Geo. H. Bowen M. D.
Medical Attendant.

Address, 633 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7209 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amos L. Carlisle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Millwright

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, About Forty Years

Place of Death, { Give street and Number. } 106 S. Ann St.

Cause of Death, First (Primary), Rheumatism of heart & Brain

Second (Immediate),

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial, Nov 20 - 83

Undertaker Thos L Denny

Place of Business, No 268 Light

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71210 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 20. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sister M. Cecelia Gannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Sister of the Good Shepherd

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Sisters Private Cem

Date of Burial, Nov 22d 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto

Edw F. McSherry M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7121 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 7 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 55 Valley st

Cause of Death, First (Primary), Phthisis Pneumonalis

Second (Immediate),

Duration of Last Sickness, 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 20

Undertaker J. P. Byrne

Place of Business, Front St

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7212 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Bempes

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* *Days,*

Color, W

~~Married~~ ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and Number.} No 297 North St

Cause of Death. First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 20th 1883

Undertaker Adam Fink

Place of Business, 461 N Gay St

C. M. Neff M. D.
Medical Attendant.

Address, 208 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7123 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18-1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Hazelton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and Number.} 25 Moore alley

Cause of Death, First, (Primary,) consumption of lungs

Second, (Immediate,)

Duration of Last Sickness, 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 21 83

G Lane Tompkins M. D.,
Medical Attendant.

Undertaker, Ab Hendley

Place of Business, *Address,* 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7214 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arimetta A. Black

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 9 *Months,* 11 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 249 Howard St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20 1883

Theodore Cook M. D.
Medical Attendant.

Undertaker H. Ross

Place of Business, 95 Courtright *Address,* 146 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

15

Permit No. 71215 — **Board of Health, City of Baltimore,**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 20 1883 MD

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 7 Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 20 Elbert Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Nov 21

Undertaker, B Hearle

Place of Business, 42 West St.

H. H. Goodman M.D.,
Medical Attendant.

Address, 18 Columbia Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7216 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James C. Babb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* 4 *Days,*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 Mo. 4 days

Place of Death, {Give street and Number.} 42 Pine Street

Cause of Death, First (Primary), ...

Second (Immediate), Gastritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 20 1883

Undertaker W H Chase

Place of Business, 108 Hanover St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 West Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 71217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Nov 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emile M. Clarke

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Telegrapher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Arlington Ave

Cause of Death, {First (Primary,) Acute Consumption

{Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 20th

Undertaker, A. Ewing & Marshall

Place of Business, 550 W. Fayette St

E. M. Duvall M.D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11 10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7128 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIM

CERTIFICATE OF DEATH.

Date of Death, Nov. 19-83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry F. Arnold

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4/4 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, allways

Place of Death, {Give street and Number.} 82 Leadenhall St

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Phthisis.

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 21 th

Undertaker Henry Brill

Place of Business, Hanover St 81

L. C. Hone M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71219 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov: 19/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Ann Haig

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Salesman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto: City Md

Duration of Residence in the City of Baltimore, Life

Residence of Death, { Give street and Number. } ~~Bright Disease~~ 64 Edmondson Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Bright Disease —

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 21st 1883

Undertaker, Hey Eastlin & Sons

Place of Business, Park & Saratoga

R. H. Lovell M. D.,

Medical Attendant.

Address, 128 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 71220

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie N. Freeman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 57 Orchard St

Cause of Death, First, (Primary.) Intussusception of Bowels

Second, (Immediate.) Asthenia

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsius

Date of Burial, Nov 21

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

W. D. Thuget M.D.,
Medical Attendant.

Address, Get. Greene St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7121 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th. November 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederik Liefs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57. ~~69~~ *Years,* — *Months,* — *Days,*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Tailor.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dessau, Germany

Duration of Residence in the City of Baltimore, 3 y. 4 m.

Place of Death, {Give street and Number.} Essex Street 27.

Cause of Death, First, (Primary,) Nephritis Chronica

Second, (Immediate,) Hæmaturia

Duration of Last Sickness, 8 days'

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Lcm

Date of Burial, Nov. 21. 1883

Undertaker, H. Sanders & Son

Place of Business, 253 Canton Av

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, Maryland

Permit No. 7122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Bailey,

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ twenty-two Months, ~~Days.~~

Color, Brown,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single,

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City all her life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 19 Jordan Alley

Cause of Death, First (Primary,) "Bronchitis"

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 21 1883

Edward M. Wise, M.D.
Medical Attendant.

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St

Address 199 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7122 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederic Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 Weeks *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 83 Hampstead St

Cause of Death, First (Primary), Catarrh Fever

Second (Immediate) .....

Duration of Last Sickness, Since Birth Saw it once hr. before

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 19 1883

Undertaker James P Byrne

Place of Business, No 63 N Front St

James E Mowlds M. D.
Medical Attendant.

Address, 79 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7224

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7224 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1883

CERTIFICATE OF DEATH.

Date of Death, # 30 N. Chapel St. Nov. 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jesse Bartonek

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } # 30 N. Chapel St.

Cause of Death, First (Primary), Inanition

Second (Immediate), "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cmitery

Date of Burial, Novem 21

Undertaker Forst and Leach

Place of Business, cor. Fulton and Lasel *Address,* # 37 S. E. Balto. St.

E. P. Lyons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy[illegible]fully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7122 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John V. Guthrie,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and Number.} 17 Penna av.

Cause of Death, First (Primary), weight of bed clothes

Second (Immediate) Asphyxia — Form excessive

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial Wellspronne

Date of Burial, Nov 21 1883

Undertaker A Rosenberger

Place of Business, 70 Lombard

H H Miller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7226

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Michel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Piano maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Facial Erysipelas

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Nov 20

Undertaker, Geo Schuley

Place of Business,

S. W. Abner M.D.,
Medical Attendant.

Address, 1 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th: Special Attention of ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7227 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Dorothea Knitt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days,*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} N 4 Second Street

Cause of Death, First, (Primary,) Strangulated umbilical Hernia.

Second, (Immediate,) the same

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Nov 21st.

Undertaker, F. N. Troll

Place of Business, #131 Hanover *Address,* 169 N Charles St

Henry Salzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Schedule below, and to the Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas P Ramas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} Academy Hotel Balto City Md

Cause of Death, First, (Primary.) Remains with family Sore throat

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, Nov 21st 1883

Undertaker, John J Andre

Place of Business, No 4 Druid Hill Ave

J. E. Blagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7129 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1893

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lutz

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 178 S Madeira Alley

Cause of Death, St Vitus Dance

First (Primary), Scarlet Fever accompanied by Convulsions

Second (Immediate),

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, J. Westminster

Date of Burial, Nov 21

Undertaker Wendell Lipp

Place of Business,

John H Kellberger M. D.
Medical Attendant.

Address, 2143 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883

CERTIFICATE OF DEATH.

Date of Death, November 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Osborne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 280 S. Broadway.

Cause of Death, First (Primary,) Malignant diphtheria

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov. 22nd 83

H. F. [illegible] M. D.
Medical Attendant.

Undertaker, C. Schutz

Place of Business, 265 Aliceanna *Address* 23 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7123 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta A. Fisher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Abt 35 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wash Woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Md)

Duration of Residence in the City of Baltimore, Life Known

Place of Death, {Give street and Number.} 30 Ohio Avenue

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 21 1883

Undertaker S. W. Chase

Place of Business, 198 Harford Av

Geo. Cecil M. D.
Medical Attendant.

Coroner's Dr.

Address, 101 So. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7123 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 3 Chestnut St

Cause of Death, First (Primary), Consumption & Exposure

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 21st 1883

Undertaker Wm H Dunger

Place of Business, 62 East St

F G Connelly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7123 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2397 E. Durham

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate), Uraemia

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 21st 1883

Undertaker Wm. J. Dungee

Place of Business, 62 East, 21st *Address,*

G. F. Taylor *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71237 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rina Maggie Rupkew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 229 S. Bond st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Nov 21th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

H O Wiedemuth M. D.
Medical Attendant.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11235 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Santagelo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 69 N Washington

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Nov 21

Undertaker Forst & Evans

Place of Business, ...

Geo. N. Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 7236 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 21 1883 BALTIMORE

Date of Death, November 19, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wallace Kemp

Sex, Male ~~*or Female.*~~ { Cross out the word not requred in this line. }

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* { Cross out the word not requred in this line. }

Occupation Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } City Hospital

Cause of Death, { First (Primary), Abscess of brain, produced by a fracture of skull

Second (Immediate), one month & 12 days

Duration of Last Sickness,

the above info matton should be furnished by the Physician.

Place of Burial, Bacon

Date of Burial, Nov 22

Undertaker J. Hess

Place of Business,

H. Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7437 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Moykranz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, { Give street and Number. } 1 Wilson st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 22

Undertaker, A. Rohde

Place of Business, 48 Penna Ave

H. O. Smith M. D.,
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7/268 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barrina

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 63 N. Dallas St

Cause of Death, First, (Primary,) Hemorhage from bowels

Second, (Immediate,) Debility

Duration of Last Sickness, between one and two years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, November 21 1883

W W Lite, M. D., Medical Attendant.

Undertaker, John Kenrick

Place of Business 382 Orleans *Address,* 417 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules & Penalties on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71239 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L Sommer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 12 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 10 Stockholm St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, One hour

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 21/83

Undertaker, Armstrong & Son

Place of Business, 262 Light

S. C. Bunch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71240 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 1883

Date of Death, November 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J. Mack

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 284 Cross St

Cause of Death, First (Primary), Pneumonia (Double)

Second (Immediate), Prostration

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, Nov 22d 1883

Undertaker Julius Koehler

Place of Business Marx & Cross Sts

E. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71241 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Nov. 20th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Martin

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age. 3 Years, 10 Months.— Days

Color. White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} No 9. Mc Cullen St.

Cause of Death. First (Primary).

Second (Immediate). Diptheria

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial. H Algburns cem

Date of Burial. Nov 21

Undertaker H. Kolber

Place of Business, 244 E. Lombard *Address,* 137 Gilmor St

J. Algire M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71242 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, 21th. November 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Kamińska

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia Germany 4

Duration of Residence in the City of Baltimore, 16 y. 6 m.

Place of Death, {Give street and Number.} Lancaster & 97.

Cause of Death, First, (Primary,) Hydrops Ascites

Second, (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons'

Date of Burial, 22. 11. 83.

Undertaker, A. Kohler

Place of Business, Lombard & 244

William Henkel M. D., Medical Attendant.

Address, S. Wolfe & W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71243. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reed

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 103 S. Sticker

Cause of Death, First, (Primary,) Typho malarial Fever

Second, (Immediate;)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov. 22/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

[illegible] M. D.,
Medical Attendant.

Address, 584 W Fayette St

707 W. BALTIMORE ST.
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71244 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 1883 BALTIMORE

Date of Death, Nov 20, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Reilly

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } M

Occupation Stonemason

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 401 N Fulton av

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov. 22, 1883

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, &c 707 W. BALTIMORE ST. BALTIMORE, MD.

James Dooley M. D.
Medical Attendant.

Address, 319 N Fulton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 71245 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20-83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mitchelle Williams

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* — *Months,* *Days,*

Color, Black

Married, Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 66 Mullen St

Cause of Death, First (Primary), Chronic debility

Second (Immediate), Paralysis

Duration of Last Sickness, 6 or 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 21st 1883

Undertaker Wm J Gray

Place of Business, 65 Mulberry St *Address,*

W H Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 11246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, November 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jenkins

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22 Jasper St

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,) Paralysis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 22nd 1883

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

James A Tecktu M. D.
Medical Attendant.

Address, 112 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71297 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Betzold

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, About 29 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Pa.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and Number. } 168 S. Durham Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, Supposed to be about 3½ months

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cem.

Date of Burial, Nov. 21st 83

Undertaker, G. France

Place of Business, Bank & Maple

James T. McShane M. D., Medical Attendant

Address, 117 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

7248

Board of Health, City of Baltimore,

Permit No. 7254 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 E Madison

Cause of Death, First (Primary), Diptheria

Second (Immediate), Syncope

Duration of Last Sickness, 17 days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross, Cemetery

Date of Burial, Nov 21 1883

Geo Keyser M. D.
Medical Attendant.

Undertaker James P Byrne

Place of Business, No 63 N Front St *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11249 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883

CERTIFICATE OF DEATH.

Date of Death, November 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Fiddeamon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Abt 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Abt 5 Years

Place of Death, {Give street and Number.} Off Pier 9 Light St. Wharf

Cause of Death, First (Primary), Drowning - with Suicidal intent

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial Nov 21st 1883

Undertaker C. F. Krause

Place of Business, 2d & Hanover

L. A. Beer M. D.

~~Medical Attendant.~~ Coroner

Address, 161 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71251 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha V Bentz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* 2 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 h Poplelton

Cause of Death. First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, 4 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 22nd 1883

Undertaker Denny & Mitchell

Place of Business, 230 W Fayette St *Address,* 226 Mulberry St

Louis C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 71267 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Geden

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* 8 *Months,* *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 137 Bet N Fremont St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, Nov 23d 1883

Undertaker, John F Andrews

Place of Business, 104 Druid Hill Ave

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rubber Stamp, and the ...

18

Permit No. 7152

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 22 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Strafas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Bank St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 23, 83

Undertaker, Philipp J. Dill

Place of Business, 183 Columbia Ave

H H Hebner M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 7263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR'S OFFICE NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Catton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 m *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} # 37 S. Pobpleton

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 22 1883

Edw. S. Coulyn M. D.,
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Gay St *Address,* # 244 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7127 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 22 2 1883 MD

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cameron Heath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 239 Watson St.

Cause of Death, First (Primary), Pertussis

Second (Immediate) Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Nov 22d 1883

Undertaker James P Byrne

Place of Business, No 63 N Front St

Samuel E Oneille M. D.
Medical Attendant.

Address, 239 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7 / 2556 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Emily Pearson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Sixty ~~Seven~~ *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } ✓

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No. 270 North Bond St

Cause of Death, First (Primary),

Second (Immediate). Hydro Thorax

Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Green Mount

Date of Burial. Nov 23d 1883

Undertaker Hoy W. Mears

Place of Business, 45 N. Gay St

Wm. E. Cleveland, M. D.
Medical Attendant.

Address, No. 102 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7256

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 3—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1893

CERTIFICATE OF DEATH.

Date of Death, November 22d 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Reuter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 years Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 5 yrs 6 mos

Place of Death, { Give street and Number. } 64 Forrest st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Ft. McHenrys.

Date of Burial, Nov 23 th 1893

Undertaker, Adam Fink

Place of Business, 461 W. Fayette *Address,* [illegible] & E. Gorsuch M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7257 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Z Hunnicutt Jun Richmond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 112 Randall St

Cause of Death, First (Primary), ...

Second (Immediate) Prem Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 23

Undertaker Clarke

Place of Business, ...

Geo R Dixon M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on the Reverse Side.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Breckenridge Hewett Lamar

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ Nine *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Harlem Avenue

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Marasmus

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 22d 1883

Undertaker, Hollingsworth

Place of Business,

J. Wm. Dickson M. D.
Medical Attendant.

Address, 26 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 7259 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mullen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 6 South Patterson Ave

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov. 22. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bury

Jos. O. Baumgarten M. D.
Medical Attendant.

Address, 18 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/260 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Evans

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 Saint St

Cause of Death, First (Primary),

Second (Immediate) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bucks

Date of Burial, Nov 5

Undertaker Mc a Days

Place of Business,

Geo. H. Simon M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No 7126 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE NOV 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Wagner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, [redacted]

Place of Death, { Give street and Number. } 7 E. Pacca St

Cause of Death. First (Primary). Acute Melancholia

Second (Immediate). Inanition

Duration of Last Sickness. 2 Mos

All the above information should be furnished by the Physician.

Place of Burial. Joseph Switch

Date of Burial, Nov 23.

Undertaker E Schlosman

Place of Business,

Jno D Blake M. D.
Medical Attendant.

Address, 108 E Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Req[illegible] emarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 7262 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Burris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 weeks *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Leife time

Place of Death, {Give street and Number.} 42 Locust st

Cause of Death, First (Primary),

Second (Immediate), Scarlet fever

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 22

Undertaker J. F. Lucas

Place of Business,

Wm. H. Dennis M. D.

~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

Th: Special Attention of Physician is respectfully invited to the ... of this ...

71262 **Board of Health, City of Baltimore,**

Permit No. 13 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* 14 *Days,*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 42 Lewis St

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Nov 22/83

Undertaker, E J Lord

Place of Business, ...

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 71263 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 22 2 1883

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov. 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 0 *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 35 Parish Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 22 - 1883

Undertaker, J. Jordan

Place of Business, 63 Park ave

Samuel Harris M. D., Medical Attendant.

Address, 561 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7264 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, Col

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 163 York St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Mo

the above information should be furnished by the Physician.

Place of Burial, Sharpe St

Date of Burial, Nov 22

Undertaker Sobelman

Place of Business,

Geo. W. Dixon M. D.
~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7265 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Black

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate). Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 20 / 1883

Undertaker Fred A Kuehnel

Place of Business, 129 S Arlington Ave Address.

F Wesh M. D.
Medical Attendant.
University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7266 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883 A.TIME

CERTIFICATE OF DEATH.

Date of Death, Novr 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel C. Boyer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} S.E. Corner of Charles & Lexington Sts

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 23rd 1883

Undertaker Henderson & Kerr

Place of Business, Park & Saratoga Sts *Address,* 58 E. Lexington St

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

19

Board of Health, City of Baltimore,

Permit No. 11267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} St. Josephine Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Sex,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 79 Siena St. corner of Hamburg St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Asthenia and apnoea

Duration of Last Sickness, I am not sure, but think more than a ye...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 23d 1883

S. A. Chew M. D.

Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, Park & Saratoga Sts.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7268 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Lindsay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} No 261 Park ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 22/83

Undertaker, Chas Engleman

Place of Business, 262 Eight

Fleetwood *M. D.,*
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7269 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Martin Nichols

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, cd

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No 5 Roeschen St

Cause of death, First, (Primary,) Supposed Pulmonary Tuberculosis

Second, (Immediate,) Pulmonary Haemorrhage

Duration of Last Sickness, Fifteen Days. Seen but twice

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22 1883

Undertaker, H Bass

Place of Business, 95 Conway

Whitfield Wilson M. D.,
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 92770 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883

CERTIFICATE OF DEATH.

Date of Death, November 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza D. Wilson

Sex, Male or Female, {Cross out the word not reqnired in this line.}

Age, Abt 50 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Abt 45 years

Place of Death, {Give street and Number.} 4 Richard Ct

Cause of Death, First (Primary), Cold & Exposure

Second (Immediate) Congestion of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 22 1883

Undertaker H Rost

Place of Business, 95 Conway & *Address,* 101 S Exeter

Medical Attendant Coroner Co Dist. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 7127

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 22 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Chestnut

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 14 *Days.*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.)

Second, (Immediate.) Bronchitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 24

Undertaker, E Kuhart

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7127 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, last October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} —

Cause of Death, First (Primary),

Second (Immediate) Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E M

Date of Burial, 30th

Undertaker G Rinehart

Place of Business,

J G Connolly M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1127

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7273 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Buried in Body found Nov 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} ~

Cause of Death, First (Primary), Causes unknown to the Jury

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ~

Date of Burial, Nov 13

Undertaker C Burnett

Place of Business, ...

Rd M. Moffett M. D.
Coroner E. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11794 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22? 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation Probably a Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} —

Cause of Death, First (Primary), Found drowned in the dock

Second (Immediate), on Broley's Wharf

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~E P~~

Date of Burial, Nov 22

Undertaker ~~E Ruchan~~

Place of Business,

F. G. Connolly M. D.
Medical Attendant)

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7125 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Diedrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 54 N. Peter st

Cause of Death, First, (Primary,) Acute Gastritis.

Second, (Immediate,) Acute Brights disease with

Duration of Last Sickness, Cerebral congestion 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Nov 24th

Undertaker, Andrew Knell

Place of Business, 206 Columbia

R. H. Lawson M D.
Wm. H. Wilson M. D.,
Consultant, Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71276 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 mo *Months,* *Days,*

Color, well

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 51 Canal alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1883

Undertaker, A B Hemsley

Place of Business,

G Lane Dunphill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2

Board of Health, City of Baltimore,

Permit No. 71277

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 22? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian West

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* — *Days.*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pittsburg Penn.

Duration of Residence in the City of Baltimore, Five or Six Years

Place of Death, {Give street and number.} 191 Eastern Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Nov 23 1883

Undertaker, Wilson & Dunger

Place of Business, No 2 East st

H. H. Goodman M.D.,
Medical Attendant.

Address, 18 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71278 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Ennis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 12. Howard

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate). .....

Duration of Last Sickness, 3 Days

the above information should be furnished by the Physician.

Place of Burial, North Point Road church

Date of Burial Nov 22 1883

Undertaker William Duncan

Place of Business, No 62 East st

W. E. Rennie M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Notices Below, and to Rules or Blanks on Back of this.

Board of Health, City of Baltimore,

Permit No. 11279 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Kuchuk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 286 Orleans St.

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Wenceslaus Cemetery

Date of Burial, Nov 23 1883

Undertaker, John Hergenrider

Place of Business, 882 Orleans St

J. Helleberg, M. D., Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules of Duties on back of this.

Board of Health, City of Baltimore,

Permit No. 7126 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1893 BALTIMORE

Date of Death, Nov 22nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Blake Fuelton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 107 South High St.

Cause of Death, First, (Primary,) Congestion of lungs & Measles

Second, (Immediate,) asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov 24th

Undertaker, Thos J. Hughes

Place of Business, 60 E. Balto St.

W. H. Wyndham M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7287 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1883 BALTIMORE

Date of Death, November 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Templeton

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Harlem Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Nov. 24, 1883

C. O'Donovan M. D.,

Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 1109 N. Fremont *Address,* 115 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7128

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7128 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Hessmar

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 215 Pierce st

Cause of Death, First (Primary), Croup Membranous

Second (Immediate), Asphixia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 24 1883

Chas L. Benkenbake M. D.
Medical Attendant.

Undertaker Laurence Haus.

Place of Business, 37 Mulberry St. *Address,* 66. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Cavenaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Apoplexy

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th 1883

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

C. O. Hoffman M. D.
Medical Attendant.

Address 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7284 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 23d 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Koenig

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 h. Caroline

Cause of Death, First (Primary), Membranous

Second (Immediate), Suffocation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 25th 1883

Undertaker J. D. Rossing

Place of Business, 125 Orleans st. *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7285 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles P. Neer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* 3 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Hollins

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Phitonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 24th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS, 85 York Ave.

Place of Business, *Address,*

L. Sellman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7126 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Bayner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 13 Harris Alley.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), always sick

Duration of Last Sickness, Life time

the above information should be furnished by the Physician.

Place of Burial, W. Ph. Phoenix

Date of Burial, Nov. 23rd 83

Undertaker G. Evans

Place of Business, Evans & Miller *Address,* 85 Canton st

E. H. Bonney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7287 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hudson Cross

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 331 E. Biddle st.

Cause of Death, First (Primary), Scarlatina Malignu

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th

Undertaker Geo Schilling

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7128 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1883 BALTIMORE

Date of Death, Novem. 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Stange

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 224 Aisquith

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup.

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthai Lutheran Cemetery

Date of Burial, Nov 25th

Undertaker Geo Schilling

Place of Business,

D. Streett M. D.

Medical Attendant.

Address, 1482 N. Eden-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 71289 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st November 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonza Powell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 9 Days, 6

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne-Arundel Co. Md.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and Number.} 17 Clarret alley

Cause of Death, First (Primary), Asthenic bronchitis

Second (Immediate) Peripneumonia-natha-ef-apnoea

Duration of Last Sickness, 5. days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetry

Date of Burial, Nov 23

Undertaker Geo. W Perkins

Place of Business, 217 Hanover st

C. D. Ellis M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 71298 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 23 1883

CERTIFICATE OF DEATH.

Date of Death, November 21. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Cavenaugh.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland. (Co. Mayo)

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 1 Frankfort Av

Cause of Death, First (Primary), Old "age".

Second (Immediate), 4 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Nov 23

Undertaker J Rinehart

Place of Business,

Jno H. Lowman. M. D.
Medical Attendant.

Address, N. E. Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 7129 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Nov. 23rd 1883

Full Name of Deceased. { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Charles Hauser

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age. 3 *Years.* 6 *Months.* *Days*

Color. White

~~*Married.*~~ *Single.* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. { Give street and Number. } 68 Mullikin St

Cause of Death. { First (Primary). Second (Immediate). Diphtheria

Duration of Last Sickness. 2 days.

All the above information should be furnished by the Physician.

Place of Burial. Western Cemetery

Date of Burial. Nov 24 1883

{ *Undertaker* John Heaney } J. Glynn. *M. D.* Medical Attendant.

{ *Place of Business.* 342 Orleans St *Address.* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7192 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Nolan

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 24 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and Number.} 190 S. Central av.

Cause of Death, First (Primary), Enteric enteritis

Second (Immediate),

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 24th

Undertaker Henry McGinnis

Place of Business, 18 & 20 Central av *Address,* 325 E. Baltimore st

Pierre Geo. Duval M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7293 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmanuel Schaecken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ——— 〃

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and Number.} 8 1/2 E. Lombard

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) 〃 〃 〃

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial Loudon Pk

Date of Burial, Nov 23

Undertaker, F. H. Bruce

Place of Business, ———

H. H. Schmucker M. D.,
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

16 Board of Health, City of Baltimore,

Permit No. 7294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 22 ~ 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Nickles

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Boiler Maker. —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Forty (40) Years

Place of Death, {Give street and number} 141 Camden St - Balto. -

Cause of Death, First, (Primary.) Chronic Rheumatism.

Second, (Immediate.) Asthenia. -

Duration of last Sickness, Six Months. —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 25th 1883

Undertaker, John S. Monahan

Place of Business, No 152 Camden St

Chas. F. Reid M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 71294 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin B. Dunlavey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 103 Hanover st

Cause of Death, First (Primary), Tubercular Meningitis.

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, Nov 24th 1883

Undertaker John S. Mackey

Place of Business, 76 So Eutaw St

A Kurtz M. D.
Medical Attendant.

Address, 76 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 7296 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 23 1883 BALTIMORE

Date of Death, Nov 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Chatsworth Alley

Cause of Death,
First (Primary), Convulsions during Labor child could not be taken.
Second (Immediate),

Duration of Last Sickness, In labor one day.

the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetry

Date of Burial, 29 Nov

Undertaker Theodore J Locks

Place of Business, 73 Jefferson st *Address,* 105 N. Central Ave.

Francis A. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 7297 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lattman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 6 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Wicken

Cause of Death, First (Primary),

Second (Immediate) Spasms

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 25

Undertaker E. Frank

Place of Business,

Geo H. Jones M. D.
Medical Attendant.

Address, 6 N Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 1298 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Geo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hrs *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 206 Odonnell St.

Cause of Death,
First (Primary),
Second (Immediate), Spasms

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 24

Undertaker Grance

Place of Business,

Geo. H. Simond M. D.
~~Medical Attendant.~~
Address, 206 Odonnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7299 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Billmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 N. Appleton St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 25th 1883

Jas. E. Gibbons M. D.,
Medical Attendant.

Undertaker, L. Lewis Schafer

Place of Business, 109 N Fremont *Address,* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7300 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Rauscher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass-blower

Birthplace, {State or country, and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 379 West St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Covington Ky.

Date of Burial, Nov 25th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts.

Elias C Price M. D.,
Medical Attendant.

Address, 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 11307

9

Permit No. 7301

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 24 1893

Date of Death, Nov 23 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah A. Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, {Give street and number.} 2W 45 St Paul St

Cause of Death, First, (Primary.) Dis of Liver - Gall Stones - Jaundice

Second, (Immediate.) Infl of Lower Bowels - Exhaustion

Duration of Last Sickness, Six Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 25th 93

Undertaker, H. Gaither Hines

Place of Business, Park & Saratoga

Richard Lee Henry M.D.,
Medical Attendant.

Address, 89 W Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore.

Permit No. 7302 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, 11, 23. 83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary B. Packer

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* 11 *Months,* 3 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick Co. Md —

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, { Give street and Number. } 143 Mosher

Cause of Death, First (Primary), Haemorrhage Bowels

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 25th 1883

H. M. Eastman M. D.

Medical Attendant.

Undertaker John J. Andrews

Place of Business 464 Druid Hill Ave *Address,* 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 71303 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23 1883 — NOV 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Infant) Taylor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} James & Georgianna Taylor's Parents

Age, — *Years,* — *Months,* 2 hours — ~~Days~~,

Color, colored.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hoffman St extend'd Md. Tony's Town.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} E. Hoffman St extend.

Cause of Death, First (Primary),

Second (Immediate), Premature Labor, 2 hrs. and Stillborn

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1883

~~Father~~ ~~Undertaker~~ James Taylor

Place of Business, Hoffman St. *Address,* Blair Avenue

J. Russell Martenet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 7304 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. Rightter

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 10 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 229 S. Bond

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Nov 24 Th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...o Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 71305 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Johnston

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 5 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 5 yrs. 16 days

Place of Death, {Give street and Number.} 59 Chestnut alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Nov 23 1883

Undertaker, William Dorsey

Place of Business, No 62 Cor Alley

J. G. Grouch M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7306 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bloss

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 9 *Months,* 21 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 741 Hanover

Cause of Death, First (Primary),

Second (Immediate). Congestion of the Lungs

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Nov 25th 1883

Henry Lee Ellis M.D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C.

Board of Health, City of Baltimore,

Permit No. 7307 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Kirkwood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Beath

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 238 Lee St

Cause of Death, First (Primary), Metritis before Confinement

Second (Immediate), ~~Of~~ Septicemia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, November 25

Undertaker Wm J. Dickson

Place of Business, 65 S. Eutaw St *Address,* 146 Hanover St

Howard Cate M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 7308 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark S Steinbrenner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months.* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 228 Wilhelm St

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, November 26th

Date of Burial, Loudon Park

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,*

W. Wirthedge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 41309 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY OFFICE NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Fruiterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 136 Baltimore Street

Cause of Death, First, (Primary,) &

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 25th 1883

Undertaker, J. Coughlin

Place of Business,

Thomas Shearer M. D.,
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore, 12 Nov

Permit No. 71310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, 23 XI 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ellen Sullivan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* 2 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anne's Co Md.

Duration of Residence in the City of Baltimore, a number of years

Place of Death, {Give street and number.} 16 Oxford St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, 20 " Months

All the above information should be furnished by the Physician.

Place of Burial, Thompson st cemetery

Date of Burial, Nov. 25 1883

Undertaker, Alex Hensley

Place of Business 116 Orchard st

Richd Henry Thomas M. D.
Medical Attendant.

Address 257 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OV]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71311 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Burke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 4 *Months,* * *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 205 Preston St

Cause of Death, First, (Primary,) Phthisis —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 25 1883.

Undertaker, Abt Hemsley

Place of Business, 160 Orchard St

W. J. Adams M. D.,
Medical Attendant.

Address, 55 No Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Queries Below. [illegible] of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7131 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. B. Jordan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ 4 *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 238 La Fayette Ave

Cause of death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Nov 25-83

Undertaker, Denny & Mitchell

Place of Business, 560 W. Fay St

John T. King *M. D.,*
Medical Attendant.

Address, 215 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7373 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Regina Sharp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sister of Providence

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Louisville Ky.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} Forest & Chase.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 26th 1883

F. E. Shabard Jr. M. D.,
Medical Attendant.

Undertaker James P Coyne

Place of Business, No 63 N Front St *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7134 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

NOV 24 1883

Date of Death, Nov 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Armbrust

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days,

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cambridge St.

Cause of Death, First (Primary), Marasmus - Diarrhoea

Second (Immediate) Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 26th. 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Caroline st. *Address,* 77 S. Broadway

J. L. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7315 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 23

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Lowe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 276 S Ann St

Cause of Death. First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 24

Undertaker Evans & Forsh

Place of Business,

Jas R. Jones M. D.

Health Officer

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 713

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 7316 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24? 1883

CERTIFICATE OF DEATH.

Date of Death, November 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and Number.} 17 Locust Alley

Cause of Death, First (Primary), Phthisis and Dyspepsia

Second (Immediate), asthenia

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 25

Undertaker Samuel H Chase

Place of Business, 198 Howard Ste

FWE M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7137 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1893

Date of Death, Nov 23

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Feinstein

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } f

Age, 16 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 258 West Ch

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 25

Undertaker Keas

Place of Business,

Chas E. Simms M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7816 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 or more *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Several years at least

Place of Death, {Give street and Number.} Welcome Alley Near Sharp St

Cause of Death, First (Primary), Said bronchitis when first seen at Disp which was on Nov 5th 83 Have not seen her since. Supposed died of some complication Death was quite sudden + unexpected

Second (Immediate),

Duration of Last Sickness, Came under Charge Nov 5th 1883

All the above into matters should be furnished by the Physician.

Place of Burial, Dr

Date of Burial, Nov 23

Undertaker F Kershner

Place of Business,

A K Bond M. D.
Medical Attendant.

Address, Unit 2 Md Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, November 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Marx

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 83 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Iron Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} by Washington, Pa.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 153 Park Avenue

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, November 27th 1883

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St

Thos Dickson M. D.
Medical Attendant.

Address, 261 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7132 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23/1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Coyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 N Eden Street

Cause of Death, First (Primary), Tubercular Bronchitis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, one year & 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 25th

Undertaker H C Wiedefeld

Place of Business, 9 & Greenmount Ave

Women's Medical College Dispensary

Per J. F. Mantenth — *M. D.*

Medical Attendant.

Address, Biddle corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 11821 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice McGuire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 24 Walnut St.

Cause of Death, First (Primary), Pulmonary Cap. Bronchitis

Second (Immediate), Edema Pulmonum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 24 th

Undertaker H. C. Windefeld

Place of Business, 90 Greenmount Ave *Address,* 75 S Greenmount Ave

J. H. Polusin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7822 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 Month 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Boodenick

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 Years, ... Months, ... Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years:

Place of Death, {Give street and Number.} 131 Mulberry St.

Cause of Death, First, (Primary,) Paralitic Metiale Valve:

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 1 Week

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 25 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wm Riley M. D.,
Medical Attendant.

Address, 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 11323 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas A White

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color, Blk

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Undertaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 35 Granby

Cause of Death. First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Granby

Date of Burial, Nov 25 1883

Lawrence Turnbull M. D.
Medical Attendant.

Undertaker Mrs Chas A White workman

Place of Business, 95 Granby St *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7134 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Hall

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days,*

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} ✓

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 71 Years

Place of Death, {Give street and Number.} No 50 East St

Cause of Death, First (Primary), Paralysis old age

Second (Immediate),

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Greenbury cemetery

Date of Burial, Nov 25th 1883

Undertaker Wm A Bunga

Place of Business, 62 East St

W. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 71325 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Nov 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 25 Norris alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Granulation

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 25th 1883

Undertaker, Wm N Bunce

Place of Business, 62 East, St

Wm McWarner M. D., Medical Attendant.

Address, Cor Hanover & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7/326 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis X. Haber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 72 *Years,* 6 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 days but 35 Yrs previously

Place of Death, {Give street and Number.} 68 West St.

Cause of Death, First (Primary), Immediate Portal obstruction

Second (Immediate), Dropsy

Duration of Last Sickness, about 4 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons C

Date of Burial, Nov 25th

Undertaker B. Hauch

Place of Business, 62 West St

Jno Leonard M. D.
Medical Attendant.

Residence, 28 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7132 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1883

CERTIFICATE OF DEATH.

Date of Death, 11. 25. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Eckstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17. *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Germany

Duration of Residence in the City of Baltimore, 7 Mo.

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 25th 1883

Undertaker F Z Schaffer

Place of Business,

H E Eastman M. D.
Medical Attendant.

Address, 341 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 71328 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Lehman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} 37 Lewis St

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Diarrhoea

Duration of Last Sickness 6 Weeks

Schwartz

All the above information should be furnished by the Physician.

Place of Burial, Swaats Cemetary

Date of Burial, Nov 25 83

Undertaker, H McGinnis

Place of Business, 8 No Central Ave

Silas N Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Ward 3

Permit No. 7329 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Burkhardt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 84 Years, Months, Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 57 S. Regester st.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C

Date of Burial, Nov 26th

Undertaker W. Leipper

Place of Business,

P. S. Garvan M. D.

Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 7330 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1883

Date of Death, Nov 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Welsh.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 164, West Ls

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 26th 1883

Undertaker Daniel Fikyn

Place of Business, 109 West St

Edw F. Mitchell M. D.
Medical Attendant.

Address, 283 N. Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 11331 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie. Glees.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 23. *Years,* — *Months,* — *Days,*

Color, Colored.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single.

Occupation, Washer Woman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 96. Chestnut St.

Cause of Death, First, (Primary,) Dropsy. complicated with heart disease

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial Lowes Cemetery

Date of Burial, Nov 25 — 1882

Undertaker, W. W. Madden

Place of Business, 46 East Dr

J. E. Heard — M. D.
Medical Attendant.

Address, 216. E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7/332 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cullahan

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and Number.} Aged Woman's Home

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov. 26/1883

Undertaker, Jos Jenkins & Sons

Place of Business, Park & Saratoga sts.

J. H. Wilson M. D.,
Medical Attendant.

Address, 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7333 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Landing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Md. A. A. Co

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and Number.} 37 Raleigh St

Cause of Death, First (Primary),

Second (Immediate) General Debility, which I think was caused by undeveloped Scarlet-fever

Duration of Last Sickness, Two weeks, under my care = two days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov. 26, 1883

Undertaker Columbus Evans

Place of Business, City Exp. Co.

A. Traquair Thorburn M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7334 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* [redacted] the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) Wasting

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 26

Undertaker, C M Lysord

Place of Business, 198 Penn ave

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ed: Special Atte...

Board of Health, City of Baltimore,

Permit No. 7666 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 26 1883

Date of Death, Nov. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah May Hill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 30 N. Arlington av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Pk

Date of Burial, Nov 26

Undertaker, Haus

Place of Business,

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 N. Carrollton av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7356 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Month,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 131 Stirling St.

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov. 26, 1883

E. B. Fenby M. D.
Medical Attendant.

Undertaker S. P. Chase

Place of Business 198 S. Howard St. *Address,* Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NO. 26, 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Snyder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 126 Fairmount Ave

Cause of Death, First (Primary), Whooping cough

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, Novbr. 26th 1883.

R. A. Manofield M. D.
Medical Attendant.

Undertaker Peter Frey

Place of Business, 91 Eden St *Address,* 119 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 7/336 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 25 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie G Wilkinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 68 S Thames St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Nov. 26 '1883

James Bailey M. D.
Medical Attendant.

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7339 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, November 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Groff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Old City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 296 E. Lanvale St.

Cause of Death, First (Primary), Accident. Rupture Uteri?

Second (Immediate), Uncontrollable Hemorrhage

Duration of Last Sickness, Four (4) hours

All the above information should be furnished by the Physician.

Place of Burial, St. Jews Cemetery

Date of Burial, Nov. 26, 1883

Undertaker Henry Hoen

Place of Business, 309 Central Ave. *Address,* 62 East Fayette St.

T. W. Slacer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 11347 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Boucher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 21 Broad St. Fort Avenue

Cause of Death, First, (Primary,) Bronchitis ?

Second, (Immediate,) asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 26

Undertaker, Bryan

Place of Business,

F. L. Chatard M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7841 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1883

CERTIFICATE OF DEATH.

Date of Death, November 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Smith Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 92 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant — washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and Number.} 117. S. Spring St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Eclampsia.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 26 1883

Undertaker, William M Dugee

Place of Business, 62 East St

A. V. Goswiler, M. D., Medical Attendant.

Address, 96. S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7342 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Virginia Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 9 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 18 Lemmon alley

Cause of Death, First (Primary), Carcinoma

Second (Immediate), Lungs & Heart Disease

Duration of Last Sickness, 1½ days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Nov 26 1883

Undertaker Alex Hemsley

Place of Business 116 Charles st *Address,* Corner

Alexander Tinsley M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7343 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet A. Kerr

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* ..... *Days,*

Color, cd

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 64 Burgundy Alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Poisoning of blood

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 26

Undertaker H Ross

Place of Business, K. Conway St.

Wm [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 71344 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 25, 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elnora Singleton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Spring Garden Av. Orlanton

Cause of Death, { First (Primary), ... Second (Immediate) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1883

{ *Undertaker* H Ross
{ *Place of Business,* 95 Conway *Address,* 21 Shaft St

W. S. Burge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore.

Permit No. 71376 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathias Roberts

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Insurance Agt

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Queen Anne Co Md

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and Number. } 575 W Fremont

Cause of Death, First (Primary),

Second (Immediate), Pistol shot wound chest (Suicide)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Nov 26 83

Alexander Tinsley M. D.

~~Medical Attendant.~~

Undertaker Denny & Hutchison

Place of Business, 530 W Fayette *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71346 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Brothers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Grain merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 106 Augusta St

Cause of Death, First (Primary), Phthisis Pneumonia.

Second (Immediate), (Tuberculosis)

Duration of Last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 27 1883

Undertaker Thos E Hayes

Place of Business, 60 E Eutaw St

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

1

Board of Health, City of Baltimore,

Permit No. 71347

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Novbr. 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gw. Vogler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germ.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} Ut. 122 S. Wolf st.

Cause of Death, First, (Primary.) Bright Kidny.

Second, (Immediate.) Exhaustion. (Age.)

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov 26 1883

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway

C. M. Schutte Jr. M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 7347 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, November 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas John Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation R. R. Employee

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Co Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 270 George st

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 26th 1883

Undertaker John S. Mourchet

Place of Business, No 150 Camden

Alexander Finley M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7549 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholaus Mages

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 9 *Months,* 28 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and Number.} 8 E. Frambert

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov. 26th.

Undertaker, F. N. Troll.

Place of Business #131 Hanover St. *Address,*

J. H. Schmidt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 7367 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH NOV 26 1883 BALTIMORE

Date of Death, Nov. 26/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ~~[illegible]~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 28 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Nov. 27/83.

Undertaker, Frank McVeagh.

Place of Business, Division & Monument

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Edwell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B city

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and Number. } 407 Sharp St.

Cause of Death, First (Primary). Gastro-Enteritis.

Second (Immediate). Asthenia.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 27th 1883

Undertaker Julius Koehler

Place of Business, Sharp cross St. *Address,* 313 Light St

R. T. Edwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or owner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Welch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (33 yrs in Balto

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number} 518 Woodyier

Cause of Death {First, (Primary,) Adominal Tumor
Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 27, 83

Undertaker, Martin Fahey

Place of Business, 128 Townsend St

Frank J. Flannery M. D.
Medical Attendant.

Address, Wilson & Davison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 71353. *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NOV 28 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry T. Keene

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 14 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation ..... (Dall

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ..... lifetime

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 70 Exeter St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte Cemetery

Date of Burial, Nov 27 1883 D. Street M. D.

Medical Attendant.

Undertaker John Heavens

Place of Business 382 Canton Ave *Address,* 143 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 7135X *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, November 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Heuschel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 117 N Chester

Cause of Death, First (Primary), Typhus Malaria Fever

Second (Immediate),

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29 1883

Undertaker John Hennis

Place of Business, 38 Orleans St *Address,* 138 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No 11355 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret L Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No. 160 N Dallas Street

Cause of Death,
First (Primary), severe cold
Second (Immediate), Congestion of the lungs

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Family Graveyard 9 miles on Harford road

Date of Burial, Nov 27th 1883

Undertaker James McGinnis

Place of Business, 130 Lawrence St

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25-th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Frances Ruley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 9 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 247 E Fayette St

Duration of Residence in the City of Baltimore, ~~2 years~~ life time

Place of Death, {Give street and number} 247 E Fayette St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 27/83

Undertaker, M. A. Daigen

Place of Business, 94 S. Bway

Els Walls M. D.
Medical Attendant.

Address, 47 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7357 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 26-th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H Maddox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 *Years,* ..... *Months,* ..... *Days,*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and Number. } 93 Orchard St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Nov 26 1883

Undertaker, S M Chase

Place of Business, 94 Howard

W W Antrim M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7165 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Gilbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 137 N Fremont

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea

Date of Burial, Nov 28th 1883

Undertaker, John J Andrews

Place of Business, 164 Druid Hill Ave

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7359 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Rogers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 112 Hanover St

Cause of Death, First (Primary), Apoplexy

Second (Immediate) Paralysis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 28th 1883

Undertaker [illegible]

Place of Business, 35 Park Ave

Received Cert. [illegible] M. D.

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7360 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily R Conner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 N Caroline St

Cause of Death, First (Primary),

Second (Immediate) Hepatitis

Duration of Last Sickness, 4 hrs

All the above Information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, Nov 27

Undertaker M Clark & Son

Place of Business,

Geo H Dixon M. D.
Medical Attendant

Address, Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7136 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Wagner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ——— *Months.* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 276 S. Sharp St

Cause of Death. First (Primary), Rheumatic Pericarditis

Second (Immediate), Heart failure

Duration of Last Sickness, Sy Weeks

All the above information should be furnished by the Physician.

Place of Burial [redacted] Mt Hill Park

Date of Burial, Dec 28

Undertaker B Hall

Place of Business, 82 West St

D. E. H. Barclay M. D.
Medical Attendant.

Address, 47 Cumberland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7362 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna D Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 182 King st

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chester

Date of Burial, Nov 28

Undertaker Bryarce

Place of Business

Geo. H. Dewson M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7363 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 8 *Months,* ..... 15 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 N. Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Month

the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Nov 27 1883

Undertaker Wilmot Dorsey

Place of Business, 62 East St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore.

Permit No. 7364 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Rufus Gill.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 23 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infinite

Place of Death, {Give street and Number.} 26 August 8t

Cause of Death,
First (Primary), ...
Second (Immediate), Dyspepsia
3 mths.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 27th 1883

J. W. Hook M. D
Medical Attendant.

Undertaker John F. McCoy

Place of Business, 22 N Fayette St *Address,* 73 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7365 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Fleischer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} # 209 S. Charles St

Cause of Death, First (Primary), Hypertrofy of the Heart

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, (4 Years Heart Trouble) 5 days Congestion of Lungs

All the above information should be furnished by the Physician.

Place of Burial, Auburn County Blazed

Date of Burial, November 28th

Undertaker M. Doyle

Place of Business, 208 S. Charles *Address,* 146 Hanover St

Thomas E. Ca... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 27 1883 BALTIMORE

Date of Death, Nov. 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhemina M. Hoffman.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* —— *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 159 S. Green St.

Cause of Death, First (Primary), Occlusion of Rectum & anus well formed. occlusion about 12 lines up, operated on by Dr Tiffany - bowels relieved & child deemed to be doing well for 18 hours, then died

Second (Immediate), Exhaustion.

Duration of Last Sickness, 18 hours

the above information should be furnished by the Physician.

Place of Burial, Cem. in Druet. Hill Park.

Date of Burial, Nov 28th 1883

Undertaker Julius Kochler

Place of Business, Sharp & Lexington *Address,* 152 Sharp St.

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace M. Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 137 Park Ave

Cause of Death, First (Primary,) Lumbar Abscess & Caries of Spine

Second (Immediate,) Asthenia

Duration of Last Sickness, 13 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 29 1883

Undertaker, Jas O Byrne

Place of Business, 68 Front

Address 141 Lanvale St

H. L. Chew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 7365

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thomas Rizer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mt Joy Pa

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 147 Scott St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Croup.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Himmelstown Pa.

Date of Burial, Nov 29th 1883

Undertaker, John S Mercher

Place of Business, No 150 Lombard St

H H Hebner *M.D.,*

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7369

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7369 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Shelton Hill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Physician

Birthplace, { State or country, and how long in the United States if of foreign birth. } Alabama

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and Number. } 432 W. Fayette St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Consumption

Duration of Last Sickness, one year

the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Nov 27th 83

Undertaker Henry McMechen

Place of Business, 550 W. Fayette St

S. C. Chew & Hill M.D. Medical Attendant.

Address, 141 Lanvale St & 23 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7370 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Huegel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cigar-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and Number.} #198 S. Bethel St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Haemorhage,

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, German Cemetery

Date of Burial, Novbr. 28th 1883

Undertaker Wm. Nicolaus

Place of Business, 253 Alice Ann.

John H. Kehberger M. D.
Medical Attendant.

Address, 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7371 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucretia Tyler Gerald

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 19 Eutaw

Cause of Death, First (Primary), Apoplexy

Second (Immediate), [illegible]

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 27 1883

Undertaker Theodore J. Locke

Place of Business, 73 Jefferson

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 7872 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Hoffman

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~Germany~~ Prussia

Duration of Residence in the City of Baltimore, 43

Place of Death, { Give street and Number. } No 152 E Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Disease Liver

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery.

Date of Burial, Nov 26th 1883.

Undertaker T. N. Zell

Place of Business, 131 Havana St.

O S Mahon M. D.
Medical Attendant.

Address, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7137 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 27 1883

Date of Death, November 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Roth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 29 S. Paca st.

Cause of Death, First (Primary), Tetanus (traumatic)

Second (Immediate), Spasm

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Nov 28th 1883.

Undertaker J. A. Troll.

Place of Business, 131 Hanover St.

A. L. Baldenbo M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 7372 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H Peacock

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Block Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 164 S Caroline St

Cause of Death. First (Primary), Heart Disease

Second (Immediate), (Supposed Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Nov 27th 1883

Undertaker H. Sanderson

Place of Business, 252 Canton Ave *Address,*

Martin Murphy M. D.
Medical Attendant.

Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 71375 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Caldwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 72 Hamburg

Cause of Death, First (Primary),

Second (Immediate) Croup (Membranous)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 27th 1883

Thos Bond & Co M. D.
Medical Attendant.

Undertaker Joseph F Byrne

Place of Business, 69½ Lubeck *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7377 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November. 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Chew Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 75 S. Spring St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Tubercular Pulmonalis

Duration of Last Sickness, Six months'

At the above information should be furnished by the Physician.

Place of Burial, Samuel Sumenter

Date of Burial, Nov 27 1883

Undertaker, ~~Robert~~ Mrs Chas White

Place of Business, 35 Granby St

A. V. Gosweiler M. D., Medical Attendant.

Address, 76 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71377 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 27 1893

CERTIFICATE OF DEATH.

Date of Death, Nov 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 253 N Fremont St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 28th

Undertaker, Wm Weaver

Place of Business, No 202 Eutaw St

P. W. Kohler M. D.,
Medical Attendant.

Address, 146 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7378 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 27 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Mann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 39 So. Eden

Cause of Death, First (Primary), Erysipelas - See over.

Second (Immediate) Uremia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Nov. 28. 1883

L. L. Mitchell M. D.
Medical Attendant.

Undertaker H. Hofmann

Place of Business, 43 N. Eden St. *Address,* 39 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71579 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Bleuke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 158 N. Spring St.

Cause of Death, First (Primary) Diphtheria

Second (Immediate)

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Levonel Cemetery

Date of Burial, Nov 27 1883

Undertaker William N Berry

Place of Business No 62 East st

Jno H Moore M. D.
Medical Attendant.

Address 23 E. Monument

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Table of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7880 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov - 25th 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Edward Bruce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and Number.} #14 Stockton Alley.

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Nov 27 1883

Undertaker, W. Ellison Undertaker

Place of Business, No 62 East St

Herman T. Hill M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

15

Board of Health, City of Baltimore,

Permit No. 7381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883

CERTIFICATE OF DEATH.

Date of Death, November 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Sturz

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 73 Hanover str

Cause of Death, First (Primary,)

Second (Immediate,) Apoplexia nervosa

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Nov. 28th.

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St. Address 119 Hanover str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7382 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* three *Months,* Twenty four *Days,*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Mo. 24 days

Place of Death, {Give street and Number.} 21 Rose Alley

Cause of Death, First (Primary), Inanition

Second (Immediate), Debility

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemetery

Date of Burial, Nov 26/1883

Undertaker Fred A Keerl

Place of Business, 129 N. Arling Ave *Address,*

Geo. C. Shannon M. D.
Medical Attendant.
Dispensary of the
Baltimore Medical Coll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 7383 : *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Near all her life

Place of Death, {Give street and Number.} # 262 Hamburg St

Cause of Death, First (Primary), Cerebral Pressure

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov

Undertaker H Bass

Place of Business, 93 Bowley

Medical Attendant. M. D.

Address, 161 S ... St

Extract from Regulations of the Board of Health to secure a full and correct ... of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

7/3824

Board of Health, City of Baltimore.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rasch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* — *Months,* Three (3) *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} . . . . . .

Occupation . . . . . .

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 128 E. Biddle Street

Cause of Death. First (Primary), Eclampsia

Second (Immediate), ...

Duration of Last Sickness, One (1) Day

All the above information should be furnished by the Physician.

Place of Burial, Bach

Date of Burial, Nov 29

Undertaker [illegible]

Place of Business, [illegible]

S. W. Bliss M. D.
Medical Attendant.

Address, 130 Eager Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7385 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 40 Ridgely st.

Cause of Death, First (Primary), Pneumonia and Meningitis

Second (Immediate), Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 28. 83

Undertaker Philipp J. Dill

Place of Business, 183 Columbia Av

O. L. Baddenhorn M. D.
Medical Attendant.

Address, 166 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7376 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Matthews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 4 *Months,* 17 *Days,*

Color, Negress.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, ——

Birthplace, {State on country, and how long in the United States, if of foreign birth.} 89 Orchard St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 89 Orchard St

Cause of Death, First, (Primary,) Tubercular Meningitis Cerebral

Second, (Immediate,) Coma —

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 28 1883

Undertaker, Alf Hemsley

Place of Business, 116 Mulberry

D. L. O'Donnell M. D.,
Medical Attendant.

Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7137 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madison Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Petersburg, Va.

Duration of Residence in the City of Baltimore, 16 yrs ass.

Place of Death, {Give street and Number.} 52 Little Frommant St

Cause of Death, First, (Primary,) Pneumonitis.

Second, (Immediate,) Apnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st 1883

Undertaker, Alf Hemsley

Place of Business, 158 Orchard st

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7/356 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Schweyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 50 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} rear of 134 Saratoga St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 29 1883

Undertaker, A Rosenbergers

Place of Business, 20 Mulberry St

Jno H Leech M. D., Medical Attendant.

Address, 28 Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Chapter [illegible]

Board of Health, City of Baltimore,

Ward 11

Permit No. 71389 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, November 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Kneil

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 6 Mos ~~Years,~~ ——— Months, ——— Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 41 St. Mary's Ex Asylum Brookshire

Cause of Death, First (Primary) Capillary Bronchitis

Second (Immediate) Asphyxia

Duration of Last Sickness, 5 min before

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 29 - 1883

Undertaker Wm. J. Gran

Place of Business, 65 Milberry St. *Address,* City Hospital

R. B. Wackeee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Call Special Attention of Physicians to Sections

Board of Health, City of Baltimore,

Permit No. 7390 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About 35 Years

Place of Death, {Give street and number.} No 23 Monick st.

Cause of death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 29

Undertaker, J E Murphy

Place of Business,

James S. Fulton M. D.,
Medical Attendant.

Address, 34 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7391 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

☞ No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 27/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gregory Carroll

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married.

Occupation Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rhode Island

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and Number.} 249 N. Bond St.

Cause of Death, First (Primary), Interstitial Pneumonia.

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months & 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 29th

Undertaker Geo Schilling

Place of Business,

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to ...

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bimm

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 355 S Charles

Cause of Death { First, (Primary,) Second, (Immediate,) Croup (Membranous)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Grt Mts Cem.

Date of Burial, 28 November

Undertaker, B Harlo.

Place of Business, West St 82

Edward Cook M. D.
Medical Attendant.

Address, 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 7323 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Bowers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 162 S. Ann st.

Cause of Death. First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 29/83

R. W. Mansfield *M. D.*
Medical Attendant.

Undertaker H. C. Sander & Son

Place of Business, 252 Canton *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7394 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linda E Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 16 Saints Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Nov 28 1893

Undertaker H Ross

Place of Business, 95 Lemmon St

W S Bond M. D.
Medical Attendant.

Address, 210 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7395 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Blake.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days,*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 138 N. Spring St

Cause of Death. First (Primary), Congestion.

Second (Immediate).

Duration of Last Sickness, about 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 28 1883

Undertaker William N Dunger

Place of Business No 62 East St

Jno. N. Keenan M. D.
Medical Attendant.

Address, 238 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Permit No. 71396

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics, 188[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 3 Am

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Palmer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 98 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, { Give street and number. } 61 Broadway St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Saw her once

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Nov 28 1883

Undertaker, William N Dunger

Place of Business, No 62 Eastst

Medical Attendant. *M.D.,*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Schedule Below, and to List of Diseases

Board of Health, City of Baltimo[illegible],

Permit No. 7137 *Office of Registrar of Vital Statistics.* [illegible]rd 2

The Physician who attended any person in a last illness, is responsible for the presentation of t[illegible]ertificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the de[illegible] said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certi[illegible]e.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia Osborne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 8 *Months,* 16 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 280 S. Broadway

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 29 October 1883

Undertaker, John R. Pluck

Place of Business, 208 Aisquith

H. F. Johnson M. D.,
Medical Attendant.

Address, 23 S. Broadway

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 11588 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 26/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donalson Langford.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 24 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Intercellular Meningitis.

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 29th /83

Undertaker, Frank McVey

Place of Business, Division St.

R. He. Goldsmith M. D.,
Medical Attendant.

Address, Harleman, Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore.

Permit No. 71399 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George P. Hoengen

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 75 *Years.* 2 *Months,* 29. *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death. {Give street and Number.} Natura 72 Penn av.

Cause of Death, First (Primary). Malaria

Second (Immediate). Nervous prostration

Duration of Last Sickness. 10 Days

All the above information must be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 29.

Louis B Horn M. D.
Medical Attendant.

Undertaker Walter Immes

Place of Business, 315 W. Biddle *Address,* cor Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 7400 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Halland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Parrish alley.

Cause of Death, First, (Primary,) I do not think that this child ever received any medical (professional) attention. I only saw it about a half ho

Second, (Immediate,) before death. The history indicates Marasm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pr P

Date of Burial, Nov 28

Undertaker, F Kershner

Place of Business,

Wright, M. D.,
Medical Attendant.

Address, 515 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 7140 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(10) 28 1883

CERTIFICATE OF DEATH.

Date of Death, November 28th 1883.

Full Name of Deceased. {Write legibly and spelt correctly. If an Infant not named, give names of parents.} John H. Taylor

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Sixty-five *Years,* Eleven *Months,* One *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation House Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death. {Give street and Number.} 332 Myrtle Avenue.

Cause of Death. First (Primary), Softening of the Brain

Second (Immediate), Lunacy Paralysis

Duration of Last Sickness, About six months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, November 30th

Undertaker John W. Weaver

Place of Business, 129 North Paca St *Address,* 152 Townsend St

Silas Baldwin — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Scrofulous Phthisis

Second (Immediate,) several weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C P

Date of Burial, Nov 28

Undertaker, Buchanan

Place of Business,

D. O'Hoffman M. D.
Medical Attendant.

Address 379 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 71403 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gohlinghorst

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} N° 66 Light St.

Cause of Death, First, (Primary,) Liver – disease.

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov. 29th. 83

Undertaker, F. N. Stoll

Place of Business, #131 Hanover *Address,* 169 N. Charles St.

Henry Salzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McKenna

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sngl

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} Hillen & Eager Sts

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery Richd Sappington M. D.

Medical Attendant.

Date of Burial, Nov 29 1883

Undertaker, James D Byrne

Place of Business, No 63 S. Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7140 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Tables

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* 0 *Days,*

Color, ed

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 64 Bergundy Alley

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Nov 29 1883

Undertaker H Ross

Place of Business, 93 Commerce *Address,* 170 S Sharp St

Wm Gorbel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71406 *Office of Registrar of Vital Statistics.* 8 60

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 28th Nov 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Felix Goldsborough

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 8 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 245 St Paul

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 245 St Paul

Cause of Death, First, (Primary.) Birth Probably Inanition or cerebral hemorrhage — or Lung

Second, (Immediate.) Acute — Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 30/83

C B Gamble M.D.,
Medical Attendant.

Undertaker, W. M. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 5-9

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

3

Permit No. 7140 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Lee Wells

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ~~*Months,*~~ ~~*Days,*~~

Color, White

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.} Married

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 83 S. Ann st

Cause of Death, First (Primary), Parturition (abnormal)

Second (Immediate), Eclampsia

Duration of Last Sickness, ~ 4 days ~

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 29, 1883

Undertaker M. A. Dayer

Place of Business, 74 S. Bway,

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Lacken Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71408 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shipping Master

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 Thames Street

Cause of Death, First, (Primary,) Ulceration of Stomach & Bowels

Second, (Immediate,) .....

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov. 30. /83

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway

James E. McShane M. D.,
Medical Attendant.

Address, 417 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11409 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose May Brady

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 408 N. McHenry St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days I only saw the child at death.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Nov. 29/83

Undertaker,

Place of Business, 707 E. Balto. St. *Address,*

L. Smithman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7140 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 6 *Months,* 9 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 182 Chestnut ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Nov 29

Undertaker A F Emsley

Place of Business,

Geo. N. Denson M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71411 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 28. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul F Bangke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 8 *Months,* 3 *Days,*

Color, W

Married, ~~Single, W~~ ~~w or Widower~~, {Cross out the word not required in this line.} /

Occupation, pianomaker

Birthplace, {State or country long in the U. S. if of foreign, how States,} Polish Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} Knabe's Piano Factory

Cause of Death, First, (Primary,) Cardiac disease

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, Sudden

All the above Information should be furnished by the Physician.

Place of Burial, Werlein Cemetery

Date of Burial, Nov 30

Undertaker, Henry Breil

Place of Business, Hanover 81 *Address,*

L Schuessler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 71412

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71412 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A Bascke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 239 Hill St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Croup (Membranous)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Alpha C.

Date of Burial, November 30

Undertaker B. Hurle

Place of Business, 82 West St.

Harris Bascke M. D.
Medical Attendant.

Address, 146 Brown St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71413 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry P. Giles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 685 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5

All the above information should be furnished by the Physician.

Place of Burial, Lauel Park

Date of Burial, Nov 30

Undertaker B Hall

Place of Business, 81 West St

E. L. Bell M. D.
Medical Attendant.

Address 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11414 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Blank

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and Number.} 634 St. Charles St.

Cause of Death, First (Primary),

Second (Immediate), old age & Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, November 30

Undertaker B. Hank

Place of Business, 82 Mc A St.

A. J. N. Tall M. D.
Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 11415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11415 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Heil

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 277 S. Dallas St.

Cause of Death, First (Primary), Pneumonia following a

Second (Immediate), attack of Scarlet Fever & Diarrhoea

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 29 1883

John H. Rehberger M. D.

Undertaker G. Evans Medical Attendant.

Place of Business, Paul & Wolf *Address,* 43 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11416

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11416 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Feahly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 136 E Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Texas Baltimore Co

Date of Burial, Nov 30th

Undertaker N F Curran

Place of Business, 613 Lombard *Address,* 33 E Eutaw St

E Jos Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 71417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis O'Neal.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, Nov. 30/83.

Undertaker, Jos. B. Cook.

Place of Business, Balto. near Republican

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7478 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Tillmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 205 or Bond st

Cause of Death, First (Primary),

Second (Immediate) Hooping Cough

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30 November

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 125 Eden st

L. A. Wintermute M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 71419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov 29th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Haggerty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } S.E. Cor Monument & Constitution Sts

Cause of Death, First, (Primary.) Dissipation

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetary

Date of Burial, Dec 1st 1883

Undertaker, Henry McGinnis

Place of Business, 128 Central Avenue

J. Blackiston M.D.,
Medical Attendant.

Address, 57 E. Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7722 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Edeler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* 12 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 94 Penna Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 1st

Undertaker, ~~J~~ Rohdes

Place of Business, 48 Pa Ave

P. W. Kohler M. D.,
Medical Attendant.

Address, 1416 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71421 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th November 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aline Hinzmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} E. Eden Street 156

Cause of Death, First, (Primary,) Pertitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, Mount Calvary

Date of Burial, November 30

Undertaker, Mr. Franke

Place of Business, 435 Park

William Henkel M. D.,
Medical Attendant.

Address, E. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Collins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married; ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 159 Market St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Typho-Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, Dec 1st 1883

E. M. Paul M. D.
Medical Attendant.

Undertaker, Denny & McKellop

Place of Business, 550 W Fayette St

Address 243 N. Grant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71423 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 9 *Months,* 25 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N.E. Cor. Franklin & Strieker Sts

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Nephritis

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 30th 83

Undertaker, D Emory & Mitchell

Place of Business, 550 W Fayette St *Address,* 206 N Carrollton Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7424 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 14 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 265 Hughes St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Harpist

Date of Burial, Nov 31 1883

Undertaker D H Chase

Place of Business 198 Howard

W S Bozl M. D.
Medical Attendant.

Address, 210 Shot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11427 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Louisa Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 162 S. Amo St.

Cause of Death, First (Primary),

Second (Immediate). Scarlatina

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem.

Date of Burial, Nov 30. 1883

Undertaker H. Sander & Son

Place of Business 257 Eastern Ave

R W Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7176

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7426 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Lehr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Whatcoat ot

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Apoplexy 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 2.

Alexander Insley M. D.
Medical Attendant

Undertaker Walter Conrad

Place of Business, 315 W Pratt *Address,* Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7427 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30. 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. L. ~~Smith~~ Minnoh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 166 N. Dallas St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ex haustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 2nd

Undertaker Geo Schilling

Place of Business,

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7428 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Hannan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 65 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, abt 30 years

Place of Death, { Give street and Number. } N W Corner Eutaw & Conduit Sts

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 30. 1883

Undertaker Chas T Scuzzi

Place of Business, Eutaw & Rox

L. A. Bell M. D.
Medical Attendant.

Corner Eutaw & Conduit Sts
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7147 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 28 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Foster

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 10 *Years,* — *Months,* — *Days,*

Color, Wh

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Entire

Place of Death, { Give street and Number. } 62 S. Sharp

Cause of Death, First (Primary), Angina membranacea

Second (Immediate), Suffocation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Nov 30th

F Fortides M. D.
Medical Attendant.

Undertaker Fred Eade

Place of Business, 218 S. Caroline *Address,* 245 S. Belmont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7430 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Drausch

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 68 Park Av.

Cause of Death, First (Primary), Old age

Second (Immediate), & General Debility about 14 years

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 1 1883

Undertaker A Rowbotton

Place of Business, 70 Franklin St. *Address,* 2 Cathedral St.

E. St. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 83

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. K. Brady

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Stationary & Book Store

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 184½ N. Howard St.

Cause of Death, First, (Primary,) Malarial Fever with General Inanition

Second, (Immediate,) Heart Failure

Duration of last Sickness, 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 1 1883

Undertaker, A Rosenberger

Place of Business, 20 Lombard St

H Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

No. 11432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7432 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1893

CERTIFICATE OF DEATH.

Date of Death, Nov 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Jesse

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} USA

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 20 St Paul Church

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Bud Hill

Date of Burial, Nov 30

Undertaker A Rohde

Place of Business, ...

Geo. R. Dixon M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11753

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7733 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Harding

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 0 *Months,* 0 *Days,*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and Number.} No 3 Wilmer Court

Cause of Death, First (Primary), Unknown

Second (Immediate). Dropsy of the Heart

Duration of Last Sickness, One Month

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 30th 1883

Benj F Bohn M. D.
Medical Attendant.

Undertaker Wm J Gray

Place of Business 63 Mulberry St. *Address,* Cor Dolphin & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily May Oswinkle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 14 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 360 N. Washington

Cause of Death First, (Primary,) Hooping cough & Bronchial Catarrh

Second, (Immediate,) (Convulsions)

Duration of last Sickness, Delicate since birth (Last Attack about ten days)

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec. 2th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

F. J. Simms M. D.
Medical Attendant.

Address, 1702 24 n. B. way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71436 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hogemann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About Fourty years

Place of Death, {Give street and Number.} 137 – Chew St

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, Dec. 1st 1883.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 257 Maryland Ave

J. H. Grimes M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9707

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7436 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie A Hancock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 68 E Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 1st 1883

Undertaker Fry & Leo

Place of Business, 814 Broadway

Geo. S Kozenmon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 71437

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71437 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1883

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Runs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and Number. } 146 Pierce St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis & Anasarca

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, Decbr 2nd 83

Undertaker Th. Seawald

Place of Business, 35 S. Eutaw, *Address,*

A R Elwood *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7438 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilmore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 11 George alley

Cause of Death, First (Primary),

Second (Immediate), Cystitis & Nephritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, Dec 2° 1883

Undertaker H 2 Jordan

Place of Business, 63 Park Ave

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7439 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1883 BALTIMORE

Date of Death, Nov 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, B.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 7 Ridgely wall to La

Cause of Death, First (Primary), Laceration

Second (Immediate), convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1883

Undertaker H Ross

Place of Business, 95 Commerce *Address,* 213 Light

Chas E Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...e ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ..., except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7474 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH DEPARTMENT NOV 30 1883 BALTIMORE

Date of Death, Nov 28

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herbert B English

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 2 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 394 Lanvale St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Frost Burg Md

Date of Burial, Nov 29th 1883

Jno W. Englar M. D.
Medical Attendant.

Undertaker D Emmy & Mitchell

Place of Business, 600 W Fayette St *Address,* 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7444 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A Reed

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation House Keeping

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, { Give street and Number. } 1 2 E Eastern Ave

Cause of Death, First (Primary). Phisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial

Undertaker P. A. Fox

Place of Business, 97 Eastern Ave

Geo E Reynolds M. D.
Medical Attendant.

Address 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7144

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7144 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathaniel Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 1 x alley

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1 1883

Undertaker H Ross

Place of Business, 95 Canton

By Howard Griffith M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7443 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Parker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 1 x alley

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ~~Inanition~~ Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1 1883

Undertaker H Bates

Place of Business, 95 Conway

Theodore Cotton M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11444 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 42 Lewis St

Cause of Death, First (Primary), Inflamation of the

Second (Immediate), Stomach result of a stab

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Death, December 1 1883

Undertaker Wilson & Bruce

Place of Business, 62 East St

F. F. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71446 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Kennard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 91 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Kent County Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } 564 west Baltimore

Cause of Death, First, (Primary,)

Second, (Immediate,) Senility

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem

Date of Burial, Dec 2d 1883

D. P. Hoffman M. D.,

Medical Attendant.

Undertaker, Jno M. McCoy

Place of Business, 219 Fayette *Address,* 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7446 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Cornelia Sullivan (Twins)

Sex, ~~Male~~ or Female? { Cross out the word not required in this line. } ✓

Age, Ten Minutes *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~ —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Died Med

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 65 Bond St.

Cause of Death. First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 1

Undertaker C J Cowan

Place of Business,

H L Lonsdale M. D.
Medical Attendant.

Address, 307 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7447 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Caroline Sullivan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 mos *Days,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 65 Bayard St

Cause of Death, First (Primary), ...

Second (Immediate), Chron Bronch

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Nov 21 / 85

Undertaker Corran

Place of Business, ...

H L Ihrer *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Permit No. 71448

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Boyd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 1, S. Exeter

Cause of Death, First, (Primary.) Valvular Dis. heart

Second, (Immediate.) Pulmonary Congestion & Pneumonia

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Decemb 3rd

Undertaker, Geo W Spence

Place of Business, 116 Park Ave

T. E. Gilmore M.D.,
Medical Attendant.

Address, 1 S Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11911

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Nov 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Carter

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 71 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Real Estate Broker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2146 W. Hoffman St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) "

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, December 1st 1883.

Undertaker, J. Loritz.

Place of Business, #156 N. Madison St "

H Buckler M.D.

Medical Attendant.

Address, 108 Park ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will No. 7145

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7460 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David A. Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, Abt 10 years

Place of Death, {Give street and Number.} Church Home Infirmary N. Broadway

Cause of Death, First (Primary), Cancer Uteri

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec. 1. 1883

Undertaker M. A. Daiger

Place of Business, 748 S. Bdwy.

F. F. Glenn M. D.
Medical Attendant.

Address Church Home Infy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7145 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eichorne

Sex, Male or ~~Female~~, {Cross out the word not required in the line.}

Age, — *Years,* — *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 58 Jarvis alley

Cause of Death, First (Primary),

Second (Immediate) Infantile Lockjaw

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 30

Undertaker B. Mac

Place of Business, 52 West St.

Frederick Code M. D.
Medical Attendant.

Address, 146 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11452 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles D Hughes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 4 *Months,* 21 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 49 S Poppleton st

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 2/83

James Bailey M. D.
Medical Attendant.

Undertaker J. R. Cook

Place of Business, 707 W. Balto St *Address,* 310 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11433

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11443 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Ella Rice

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 270 W Biddle St

Cause of Death, First (Primary), Hemorrhage. Ruptured Cerebral Artery

Second (Immediate), Fracture of Skull.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 1/83

Undertaker J. B. Cook

Place of Business, 207 W. Balto St *Address,* Corner

Alexander Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of Cemetery ... Baltimore will make returns of all

No. 11457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11457 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Gertrude Riell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 270 W Biddle st

Cause of Death, First (Primary), ...

Second (Immediate), Haemorrhage (Ruptured artery and by Tonsilitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 1/83

Undertaker J. B. Coale

Place of Business, 207 W Balto St

Alexander Tinsley M. D.

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Off...

No. 71453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71455 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Gilliard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number} 26 Douglass

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 1st 1883

Undertaker I J Lodge

Place of Business, 1198 Jefferson St

Jno. N. Cowan M. D.
Medical Attendant.
per E. B. Hinkley M. D.
Address, N. E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11456 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cartwright

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 7 months

Place of Death, { Give street and Number. } 229 Aisquith St

Cause of Death, First (Primary), Malaria

Second (Immediate), ~~Death~~

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 2 nd 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St *Address,* 256 E. Preston St

W. B. Bellmeier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Record

No. 7/457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/457 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Hod carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 95 Chesnut st

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Bright's disease dropsy

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery

Date of Burial, Dec 2 1883

Undertaker Wm H Medley

Place of Business, 47 East St

E. B. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore — No. 7107

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Steelmaer,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 1 *Years,* 1 *Months,* 3 *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Mosher st,

Cause of Death, First (Primary,) Dentition + Measles,

Second (Immediate,) Entero-Colitis.

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. L. Ingle M. D.

Medical Attendant.

Date of Burial, Dec 2. 83

Undertaker, Martin Faber *Address* 247 Fawn alley

Place of Business, 128 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7439 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Whitewasher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 36 Park av

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, Found dead.

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Nov 29 1883

Undertaker Fred A Kerchner

Place of Business, 129 St Arlington Ave *Address,*

Alexander Linsley M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials in the Offices within [illegible]

No 11460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11460 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel C Nathan

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male.

Age, 17 *Years,* — *Months,* — *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} No 121 Orleans St.

Cause of Death, First (Primary), Typhoid Fever.

Second (Immediate),

Duration of Last Sickness, About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai

Date of Burial, Dec 2nd

Undertaker Wm Eiland

Place of Business, 101 Gough St

[illegible] M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office wh[illegible]

No. 7/4/61

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7/4/61 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Freimann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 51 Thames St

Cause of Death. First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Dec 1

Date of Burial, Dec 1

Undertaker C Eichach

Place of Business,

Geo H Dunn M.D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7462 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Edmund Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 6 *Days,*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 14 Rock st.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 2d. 1883

Undertaker Wm. A. Lunga

Place of Business, 62 East St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 11463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11463 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Crooks.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Fourteen (14) years

Place of Death, {Give street and Number.} No. 25-4 Park Avenue.

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, One year

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 3d 1883

Undertaker Wm. Weaver

Place of Business, No. 202 N. Eutaw *Address,* 112 N. Greene

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71464 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura A. Champney

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, Cr.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Michaels Md.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} No. 422 N. Fayette St.

Cause of Death, First (Primary),

Second (Immediate) Collapse

Duration of Last Sickness, 17 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 2 nd 1883

Undertaker Jos H Cook

Place of Business, No 707 W Baltimore Street *Address,* 906 N. Fayette

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... o. 21465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 21465 *Office of Registrar of Vital Statistics.* **Ward** DEC 3 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Moore

~~*Sex*~~, *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* 7 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 172 S. Fayette

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Paralysis cardiac

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Dec. 3d 1883

Undertaker J. D. Rossiter

Place of Business, 125 N Eden St

J Mathews M. D.
Medical Attendant.

Address, 648 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Keepers of Cemeteries in City of Baltimore will make returns of all ...11166

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11466 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena E Sinclair

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 215 Saratoga st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec. 3: 1883

Undertaker, Matthew Cadogan

Place of Business, 227 N Eutaw

Fattuer M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71467

Keeper [illegible] City of Baltimore will make returns of all

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 71467 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH
DEC 2 3
1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Harrison

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital Dr Calvert & Saratoga

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrec

Date of Burial, Dec 3

Undertaker Wendell Bonsal

Place of Business, 167 E Bond *Address,* City Hospital

W. R. Clark M.D.
R. B. Wakins M. D.
Medical Attendants

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 11468

Board of Health, City of Baltimore,

Permit No. 11467

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1883 BALTIMORE

Date of Death, Nov 30 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dougherty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* ~~27~~ *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18. Jew Alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 2, 1883

Undertaker Theodore Lock

Place of Business, S. W. cor Jefferson & Pine *Address,* 25½ Greenmount Avenue

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... No. 11469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11469 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 2nd 1883

Undertaker Frank McVeagh

Place of Business, Main & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 11470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Cohen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Balto Co. 204 W. Fayette

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Epileptic Convulsions

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Point Lookout

Date of Burial, December 2

Undertaker, J. Thorns

Place of Business, 31 N. High St

S. E. Chaffee M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 48.]

Keepers of Cemeteries in City of Baltimore will m[illegible] return [illegible] all

No. 1471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 1471 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie E Fell

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 417 N Gilmor st

Cause of Death, First (Primary), Heart Disease & Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Dec 3. 1883

James V Bosley M. D.
Medical Attendant.

Undertaker Wm H. Hickman

Place of Business, 234 N. Gay St. *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 7147 2

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Graves

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} Cor Druid Hill Av & Townsend

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Bronchitis

Duration of Last Sickness, ~~three~~ one week. (never a strong child)

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, December 3rd 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw st *Address* 137 Park Av

L M Lane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Cemeteries in City of Baltimore will make returns of all No. 11473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11473 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Hollins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* 3 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 245½ Hughes St

Cause of Death, First (Primary), Burns

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 3

Undertaker H Ross

Place of Business, Monument St

W S Bunz M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7474 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aaron Keir

~~Sex,~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 3 *Days,* 1

Color, ed

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and Number.} 64 Burgundy Alley

Cause of Death, First (Primary), Scrophula

Second (Immediate), Marasmus.

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Shaft & Consultory

Date of Burial, December 3

Undertaker H ROSS

Place of Business 95 Conway St

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of ...

No. 11475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11475 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. F. Crist

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 89 S. Carlin St.

Cause of Death, First (Primary), Membranous croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Do

Undertaker Woodall Dizon

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 7476 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Labro

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* —— *Days,*

Color, Wht

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House-work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 348 S. Bond St.

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, F. Hill

Date of Burial, Dec 14

Undertaker Wendell Dizzoe

Place of Business, ——

F. Turnbull M. D.
Medical Attendant.

Address, 194 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 71477.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71477 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Luther Kuth Small

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, in this town

Place of Death, { Give street and Number. } No. 54 Eastern Ave

Cause of Death, First (Primary), Spasms

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, Nov 3rd 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 65 S Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 71478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 12

Permit No. 71478

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Neibberd

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation (Formerly Farmer & Woollen Manufacturer) None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and Number.} 87 McCulloh St

Cause of Death, First (Primary), Chronic Atrophy of Liver & Purpura Haemmorhagic

Second (Immediate), Peritonitis from Ascites

Duration of Last Sickness, The former, two or three years

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, Dec 4th 1883

Elias C Price M. D.
Medical Attendant.

Undertaker STEWART & HOWELL UNDERTAKERS,

Place of Business, 38 Park Ave.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemetery ... ville, No. 11479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11479 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J Schatelzky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation Batt Mold

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 911 N Post

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Alpha Cem.

Date of Burial, Dec 4 James Poole M. D.

Medical Attendant.

Undertaker John P Pentz

Place of Business, 66 Judd Address, 319 Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keeper of Certificates, City of Baltimore.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11460 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Schmidt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 36 Years

Place of Death, {Give street and Number.} # 396 Le Sharp St.

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 4th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 164 S. Eutaw St.

Dr. [illegible] M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cem[illegible]es in City of Baltimor[illegible] [illegible]terms of [illegible]

No. 7/481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7/481 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma F Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 89 S Caroline St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 4th 1883

Undertaker Henry W. Mears

Place of Business, 46 N. Gay St *Address,* 2 W Baltimore

D W Chatten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7482 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R Breen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widow

Occupation, Proprietress Boarding House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City Maryland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 266 N Howard St

Cause of Death, First, (Primary,) Paralysis General. (Apoplexy - Cerebral)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 hours

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 4th 1883

Undertaker, A Dickens & Co

Place of Business, Howard and Mad

W. J. A. Kemp M. D.,
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make ret...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7148

Permit No. 7148

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ino Henry Hurley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days,*

Color, Caucasian

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, City Life

Place of Death, { Give street and Number. } 7 Municipal

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 3 1883

Undertaker Morgan & Pyle

Place of Business, Mulberry st No 9

Alexander Linsley M. D.
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7/467 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus R Hyneson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 22 *Years,* 11 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and Number.} 29 Jackson place

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. H. Keene M. D.,

Date of Burial, Dec 4/83 Medical Attendant

Undertaker, Fry & Sno

Place of Business, 57 N Broadway *Address,* 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns
Permits for Burials to the Office whence issued

No. 11183

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7478 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Tolan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* — *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Mary's County

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and Number. } 8 N. Greene St

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 5th 83

Undertaker John E Haugh

Place of Business, 320 Park Ave. *Address,* 180 W Fayette

W. R. Stein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keep [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 11466 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 3 1883

Date of Death, Dec 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Darby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days,*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and Number.} 170 N. Front St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Dysentery

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 3d

Undertaker, H. C. Wichfeld

Place of Business, 70 Greenmount Ave

Chas H. Hunter M. D.,
Medical Attendant.

Address 76 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore will make returns

No. 7487

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 7487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Chappell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* *Months,* Fifteen *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest Lane nr Aisquith Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3rd 1883

Wm. A. Caldwell M. D.
Medical Attendant.

Undertaker, W. W. Madden

Place of Business, 46 East St *Address* 557 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... Cemeteries of City of ... No. 7148

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore, 18

Ward 19

Permit No. 7148 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. Enos

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ... *Months,* 15 *Days,*

Age, 4 *Years,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 372 S. Fulton st

Cause of Death, First (Primary), ...

Second (Immediate), Scarlet fever

Duration of Last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Dec. 3/83

Undertaker J. B. Cook

Place of Business, 207 E. Balto st, *Address,* 582 N. Fayette st

W. R. McKnew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make return

No. 11489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11489 *Office of Registrar of Vital Statistics.* **Ward** 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Hoolahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 768 N Eutaw St

Cause of Death, First (Primary), Hemorrhage of lungs

Second (Immediate), Gunshot wound

Duration of Last Sickness, one hour & a half

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, December 4-1883

F. G. Connolly M. D.
Medical Attendant

Undertaker Kerr & Cook

Place of Business, 812 N Eutaw St. *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11490 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Daily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 307 Hanover St

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Lungs

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, Dec 3

Edward Coale M. D.
Medical Attendant.

Undertaker Michael Doyle

Place of Business, 200 S Charles St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make return of all

No. 71491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Ward 2

Permit No. 71491 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hugler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 Years, 1 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one year

Place of Death. {Give street and Number.} # 73 Lombard

Cause of Death, First (Primary), Croup (2nd)

Second (Immediate), Three days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Decbr 30th 1883

Undertaker H. C. Sanders Son

Place of Business, 252 Centre *Address,*

John H. Roberts M. D.

Medical Attendant.

#73 Albemarle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Clerk of the City of Baltimore will make return... of each ... No. 11492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 11492 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Horstman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 432 Canton Av.

Cause of Death, First (Primary), Pericarditis

Second (Immediate), Anasarca

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Decbr 4th 1883

Geo. L. Whitten M. D.
Medical Attendant.

Undertaker J. C. Sanders & Son

Place of Business, 282 Canton Av *Address,* 77 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11493 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec the 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Langford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Tennessee 17 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 226 Druid St

Cause of Death, First (Primary), Hemmorhages

Second (Immediate), Spitting Blood

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, Dec the 3 rd

Undertaker Mr Dungan

Place of Business, East St

Geo. H. Benson M. D.
Medical Attendant.

Address, Corner Federal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7494 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 3 1883

Date of Death, Dec. 2, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Jenkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, 2 *Years,* — *Months,* — *Days,*

Color, Col.

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, life. T. Terrace

Place of Death, { Give street and Number. } 94 Lexington St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3rd

Undertaker Mrs Chas White

Place of Business, 35 Granby

John H. Luman M. D.
Medical Attendant.

Address, 238 E Monument St.
M. E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71495

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 3 1883

Date of Death, December 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Proctor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 8 Maryland Ave:

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Dec 3

Undertaker, A Hemsley

Place of Business, 116 Orchard st

J. E. Lindsay *M. D.*
Medical Attendant.

Address 167 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns in ...

No. 71496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71496 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McGlone

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ... *Months,* ... *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 15 Liberty-alley

Cause of Death, First (Primary), Hemiplegia.

Second (Immediate), Bed sores - Exhaustion

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial Dec 3rd 1883

Undertaker James F Byrne

Place of Business, 463 N Front St

Geo. O. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of Cemeteries in City of Baltimore will make return of all
Permits &
[illegible] day of [illegible] 1883. No. 7499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7499 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E. Driscoll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 106 N. Carey St

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks ill

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 4th 1883

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address,*

C. A. Carey Hume M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return[illegible] all

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7/1498

Board of Health, City of Baltimore.

Permit No. 7/1498 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Guthlien

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* 21 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 116 n High st

Cause of Death, First (Primary),

Second (Immediate). Acute Phthisis

Duration of Last Sickness, 4 m. 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mt James Cemetery

Date of Burial, Dec 4th 1883

Undertaker Hugh J Hughes

Place of Business, Ken E Balto

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 11499 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Robinson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 11 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Measles

Second (Immediate), Membranous Croup

Duration of Last Sickness, 1 Week

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 4

Undertaker C. H. Blizzard

Place of Business, 198 Penn ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make ret[illegible]ns of all [illegible] Office whence issued. Saturday of [illegible]

No. 11500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11500 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Skinner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 77 W Bethel St

Cause of Death, First (Primary), Natural Causes Acute

Second (Immediate), Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 3rd

Undertaker Theodore Locke

Place of Business, Spring Gelpcia *Address,* 67 E Balto St

Chas M. Morfit M. D.
Coroner ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

each week.

No. 11501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11501 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Dillon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 240 N. Durham St City

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 240 N. Durham St.

Cause of Death, First (Primary),

Second (Immediate) Scrofula

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 4.

Undertaker Theodore Locke

Place of Business, 73 Jefferson St *Address,* Canton

H G Connolly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ts for Burials, to the Office whence issued. Saturday of each week.

No. 71582

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Permit No. 71582

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH
DEC 4 1883
BALTIMORE, MD.

Date of Death, December 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Killin

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} # 32 Jefferson St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septic poisoning

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathais Cemetery

Date of Burial, Dec 4th 1883

E H Pudtud M.D.,
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Byway *Address,* 168 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... Permits for Burials, to the Office whence issued, Saturday of each week. ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41503 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edward Rudiger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Year,* ... *Months,* 23 *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 282 N. Bond.

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 19 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 5th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynch

Irving Miller M. D., Medical Attendant.

Address, 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 11504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11504 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Boyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 2 Rutford alley

Cause of Death, First (Primary),

Second (Immediate), Meningitis (Tubercular)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th

Undertaker A Rohde

Place of Business, 48 Bennett ave

Wm T Lee M. D.
Medical Attendant.

Address, 116 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 71503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71505 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Auerbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 22 Milliamson st

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cemetery

Date of Burial, Dec 5th 1883

Undertaker Ernst Schloman

Place of Business, 181 Sharp st *Address,* 146 Hanover st

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for ... the Office whence issued, Saturday of each week. No. 7576

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11586 ; *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 4 1883 BALTIMORE, MD.

Date of Death, December 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Rogers Kapp

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Dorsh st. west of Fulton

Cause of Death,
First (Primary), ...
Second (Immediate) Congestion of Lungs
2 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 4/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St.

Alexander Tinsley M. D.
~~Medical Attendant.~~
Coroner

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 7/507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/507 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Brown

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 162 S. Ann

Cause of Death. First (Primary), Scarlet Fever

Second (Immediate), Suppression of Urine, Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Decbr 4th 1883 Geo. L. Enders *M. D.*

Medical Attendant.

Undertaker Wm Sanders Son

Place of Business, 252 Canton Ave *Address,* 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the [illegible] issued, Saturday of each week. No. 11318

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11581 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Harrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 7 Robe walls Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), apnaea

Duration of Last Sickness, 4 wks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4 1883

Undertaker H Ross

Place of Business, 95 Conway St

R M D Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ... respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71659 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Willis Turner

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 54 *Years.* —— *Months.* —— *Days.*

Color, Mulatto

~~Married, Single,~~ *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death. {Give street and Number.} 105 Conway St

Cause of Death. First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 4 1883

Undertaker H Ross

Place of Business, 956 Conway

Jno D Blake M. D.
Medical Attendant.

Address, 138 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permits for Burials, to the [illegible] issued [illegible] of each week. No. 11510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11510 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, [illegible] Dec 3 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* [blank] *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [blank]

Occupation [blank]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [blank]

Place of Death, {Give street and Number.} 215 Hamburg St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, [blank]

All the above information should be furnished by the Physician.

Place of Burial, Mount Lubo

Date of Burial, Dec 4 1883

Undertaker H Ross

Place of Business, 25 Hanover

W E Bond M D
Medical Attendant.

Address, 2[illegible] Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 7657

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7657 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Brohammer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — ~~*Months,*~~ 4 Hours ~~*Days,*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 72 S Bond St

Cause of Death, First, (Primary,) Unknown probably debility

Second, (Immediate,)

Duration of Last Sickness, Feeble from birth

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 4th

D. M. Cathell M. D., Medical Attendant.

Undertaker, M. Feeney

Place of Business, 25 Bank St. *Address,* 2 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 11572

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11572 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levy Hemsley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* —— *Days,*

Color, ed

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 64 Elbow Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 4 1883

Undertaker Chas Hemsley

Place of Business,

Wm Gambrill M. D.
Medical Attendant.

Address, 1700 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... Hall ... No. 17373

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 17573 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George C. Schafer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single,~~ ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } 80 Mund St.

Cause of Death, First (Primary), Cancer of the Rectum

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cemetery

Date of Burial, Dec 5 1883

Undertaker A Rosenberger

Place of Business, 70 Eutaw St

J. Mullin M. D.
Medical Attendant.

Address, 188 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11414 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Anderson

Sex, Male ~~or Female~~, {Cross out the word not required, in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Engaged in Coleman & Roser dry store -

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Laceration of Brain

Second (Immediate) from fracture of Skull

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 4 - 1883

Undertaker Mr W Madden

Place of Business, 46 East St

H. Connolly M. D.

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...issued, Saturday of each week. No. 11875

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71675 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schramm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stove-fitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 189 E. Washington Street

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Reform Cemetery

Date of Burial, Dec 5th 1883

G. L. Wilkins M. D.

Undertaker, Jas McGinnis

Place of Business, 43 Thurman St *Address,* 77 S. Broadway Medical Attendant. per BB.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...in the Office ... ed, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71676 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lenkins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 45 Marietta St

Cause of Death, First, (Primary,) Immature birth

Second, (Immediate,) Inanition

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 4th 1883

Undertaker Armstrong & Casey

Place of Business, 263 Baltimore St

L C Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7577 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eleanor Inman

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* *Days,*

Color, White.

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} V

Occupation, Lady.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and Number.} 176 Exeter st. Corner of Hillen

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 5th 1883

Undertaker, Henry W. Sneads

Place of Business, 45 N Eay St. *Address,* 17 N Calhoun St

Truman F Neil M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11578 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Green Steake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 310 Montgomery St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, North Hamilton County

Date of Burial, December 5

Undertaker Hercules Ross

Place of Business, 25 Conway St

Medical Attendant, A. S. Burge M. D.

Address, 210 Eliza St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11879

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11879 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Ann Snowden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 155 S. Caroline St

Cause of Death,
First (Primary),
Second (Immediate) Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 3 1883

Undertaker William N Dunger

Place of Business, No 62 East st

J J Gwynn M. D.
Medical Attendant.

Address, 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1125

Board of Health, City of Baltimore,

Permit No. 71620 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 4 1883 BALTIMORE MD.

Date of Death, Dec 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} No 113 E. Eager St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 5th

Undertaker H.C. Wiedefeld

Place of Business, 90 Greenmount Ave Address

Wm Whitridge M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7162

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Cooney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 335 Mulberry St.

Cause of Death, First, (Primary.) Broncho Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 4th 83

W. D. Haupt M.D.,
Medical Attendant.

Undertaker, M. Cadogan

Place of Business, 227 Lombard St *Address,* 89 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7152 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Eidsman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 6 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} ~~137~~ 173 Hanover St

Cause of Death, First, (Primary,) Typhoid Malaria

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Dec 6th 1883

Undertaker, Geo Bauer

Place of Business, 839 W. Baltimore St.

Jno Conroe M. D.
Medical Attendant.

Address, 162 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 7523

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7623 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie M Gordon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 363 McElderry Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec. 5/83

Undertaker J. B. Cook

Place of Business, 707 Baltimore St

Jas J Bosley M. D.
Medical Attendant.

Address, 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71524 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian M. Sauerwein

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* *Days,* 1

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 155 Fulton Ave

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Over One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 6th 1883 H. McWilson M. D.,

Medical Attendant.

Undertaker, Henry L. Ward

Place of Business, 45 N Gay St *Address,* 251 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7/525

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7/525 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Coxen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 20 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} 197 East ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 5th

Undertaker H Lippard

Place of Business,

R W Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Anna Mahla

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 6 *Months,* 2 *Days*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster City, Penn'a

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 202 Eastern Avenue

Cause of Death, {First (Primary,) Bright's disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mont Carmell *J. A. McManus* M. D.

Date of Burial, Dec 6 Medical Attendant.

Undertaker, Wendell Dix & Co *Address* N.E. cor Exeter & Granby

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Li[illegible] Back of this Certific[illegible]

Board of Health, City of Baltimore,

Permit No. 7627 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Huth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} S W Cor of Chesapeake & O Donnell Sts

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Croup and Convulsion

Duration of Last Sickness, 34 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 6th

Undertaker, W Deppe

Place of Business,

J E Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7628 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 125 Fremont Ave

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 3 Minutes

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, Dec 5th 1883

Undertaker John F Andrews

Place of Business 164 Druid Hill Ave

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7629

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7629 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Porter Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* One *Months,* Twenty Three *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 177 Gough Street

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, Four Days

All the above into matter should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 5th 83

Undertaker G. Frana

Place of Business, Frana & Wolf *Address,* No. 102 N. Bond Way

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3. Dec. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savannah Butler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 7 mos (about) *Months,* *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D.C.

Duration of Residence in the City of Baltimore, Over 20 years

Place of Death, {Give street and number.} 86 Chestnut Alley

Cause of Death, First (Primary,) Insufficiency mitral valve of the heart

Second (Immediate,) Cardiac Embolus in brain

Duration of Last Sickness, 3 years - been confined for 7 weeks 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 6 - 1883

Rich Henry Thomas M.D.
Medical Attendant.

Undertaker, Wm J. Gray

Place of Business, 68 Mulberry St.

Address 207 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7637 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Coleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Halifax N.S.

Duration of Residence in the City of Baltimore, 2 Wks

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 6 1883

W. Kilduff M. D.
Medical Attendant.

Undertaker C. Loritz

Place of Business, 156 W Madison *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71632 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liggie Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washing & Ironing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give street and Number.} 9 Grindall's Court

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Bush St Cemetery

Date of Burial, December 5

Undertaker, H Ross

Place of Business, 15 Conway St

Julius Hall M. D., Medical Attendant.

Address, Southern Dispensary 77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 7633

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 5 1883

CERTIFICATE OF DEATH.

Date of Death, December 5th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Conrad Anschutz

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 108 E Pratt St.

Cause of Death, First, (Primary.) Diphtheritic Laryngitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Met. Carmel Cem.

Date of Burial, Dec 6 at 2 P.M.

F. G. Moyer *M.D.,*
Medical Attendant.

{ *Undertaker,* J. Muller

{ *Place of Business,* 21 Harrison St. *Address,* 18 Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec-30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Locke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Six *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No — S. Bethel St

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} No 209 Mullikan St.

Cause of Death First, (Primary,) Supposed Whooping Cough

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec-31st 1883

Undertaker, Wm. A. Burgee

Place of Business, 62 East St

N. J. Ward M. D.
Medical Attendant.

Address, 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No: 71530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Queen

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Parish St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Year 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th 1883

Undertaker, Thos A Bemper

Place of Business, 62 East St

Wm A Cuman M. D.
Medical Attendant.

Address, 11 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under [illegible] ting, to furnish within forty-eight h[illegible]er the death to the Undertaker or other persons superintending the buri[illegible] ting forth as far as the sam[illegible]me, sex, age and condition (whether married or s[illegible] on deceased, and the cause [illegible], except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7656 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 7 *Years,* *Months,* 2 *Days,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 595 Castle St

Cause of Death, First (Primary),

Second (Immediate) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dec 5

Date of Burial,

Undertaker J Sanders & Son

Place of Business,

Geo. R. Jenson M. D.
Medical Attendant.

Address, 611 of Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7163 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Wagner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 120 Carley St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie View Cem

Date of Burial, Decbr 5th 83

Undertaker, H. Sanders Son

Place of Business, 202 Central Ave *Address,* 53 Ellwood St

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7165 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Moffet

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 81 *Years,* *Months,* 8 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 40 Years

Place of Death, {Give street and Number.} 72 S. Carrollton av

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 6/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 582 N. Fayette

J. R. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7163 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 11 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32, Liberty Ave

Cause of Death, First (Primary), Dypth Croup

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, Dec. 6/83

Undertaker J. B. Cook

Place of Business, 707 E. Balto St *Address,*

A. T. Boyner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71540 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1883 Athens

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz H Herring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Saar Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 112 128 Gruday st

Cause of Death, First (Primary), Acute alcoholism.

nd (Immediate) Pneumonia

Duration of kness, one week

All the above in[illegible]hould be furnished by the Physician.

Place of Buri[illegible] Bennett

Date of Buri[illegible] Dec 6/83

Undertaker L & F Rau

Place of Business, 62½ W Balt[illegible] *Address,* 12 S. Edw

R D Winternitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71541 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David A. Gardner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 311 Fort ave

Cause of Death, First (Primary), Congestion Brain & Lung

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 6

Undertaker B. Hall

Place of Business, 52 West St

O. A. Clarke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Teresa Lidard.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 14 *Months,* 20 ——— *Days.*

Color, White. ——— *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 106 Dolphin St.

Duration of ~~Residence in the City of Baltimore,~~

Place of Death, {Give street and number.} 107 Dolphin St.

Cause of Death, First (Primary,) Teething.

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, December 6th 1883

Undertaker, Charles Scriven

Place of Business, 271 Eutaw st

Geo. J. Collins, M. D.
Medical Attendant.

Address 80 W. John St.
Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7657 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary T. Curley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Cambridge Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks. Dr. L. Filkins M. D.,

Date of Burial, Dec 6th 83 Medical Attendant

Undertaker, C. F. Krause Address, 770 Broadway

Place of Business, 309 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7644 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Buttner

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

Married, Single, ~~Married or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 18 Carrollton ave.

Cause of death, First, (Primary,) ———

Second, (Immediate,) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 4th 1883

Undertaker's Denny & Mitchell

Place of Business, 530 W Fayette st

Dimmitt Morris M. D.,
Medical Attendant.

Address, 561 W Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Monthly Reports, and to Circular Directions on the back hereof.

Board of Health, City of Baltimore,

Permit No. 7/5243 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliz. E. Gorden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 105 Greenmount Ave.

Cause of Death. First (Primary), Eclampsia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 6th

Undertaker H. C. Wisdefeld

Place of Business, 90 Greenmount Ave *Address,* 95½ Greenmt Ave.

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 7647 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schefen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29. Twenty Nine *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Cigar. Maker.

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Eight. 8. Years.

Place of Death, {Give street and Number.} #56. Druid Hill av. Baltimore

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary Phthisis with intercurrent Bronchitis

Duration of Last Sickness, More than Four (4) Months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 6th 83

Undertaker, H. Cadoran

Place of Business, 227 Mulberry St

M. C. Ahan Bibbins M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

No. 71947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71947 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36, N. Bond St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 6/83

Undertaker T. S. Hughes

Place of Business,

J. F. Jones. *M. D.*
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7548 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE DEC 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Klender.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 186 Cross St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicemia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Hill Park

Date of Burial, Dec. 6

Undertaker B. Hall

Place of Business, 62 West St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 15-28 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 71649 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. R. Phelps

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and Number.} 484 N. Monument

Cause of Death, First (Primary), Bronchitis (& old age)

Second (Immediate) asthenia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, Dec 6

Undertaker [illegible]

Place of Business, [illegible]

D. Shull M. D.
Medical Attendant.

Address, 1432 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 71558 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Binia Baker.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months.* *Days.*

Color.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 5 Whatcoat St.

Cause of Death, First (Primary),

Second (Immediate). Morbus Brightii

Duration of Last Sickness, One year.

[redacted] above information should be furnished by the Physician.

[redacted] Buried Dec 6

Date of Burial, Dec 6

Undertaker A. Rohde

Place of Business, 46 Penna ave Address,

F. W. Small M. D.
Medical Attendant.

Per. O. Edw. Lamney. M. D.

Balto. Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 71677 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Reibert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 10 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 745 W Pratt St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Dec 6th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 158 S Paca St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 11752. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1883

CERTIFICATE OF DEATH.

Date of Death, 12, 5, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Ash

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days,*

Color Col

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and Number.} 44 Eden al 2

Cause of Death, First (Primary),

Second (Immediate) Debility -

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Dec 5 1883

Undertaker S W Chase

Place of Business 198 S Howard St

H M Eastman M. D.
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 71553 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ocula Bell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 14 hours *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 189 N Monroe St

Cause of Death, First, (Primary,) Imperfect Circulation

Second, (Immediate,) .....

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 6th 1883

Undertaker, Jos B Cook

Place of Business, No 704 N Baltimore Street *Address,*

L. F. Thurman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 7637 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decembr 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ella Wolford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 25 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 418. E. Lombard st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 24 Hours

the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, Dec. 6. 1883

Undertaker H. Sander Jr Thomas J. Evans M. D.
Medical Attendant.

Place of Business, 207 Canton Av *Address,* 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 11665 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 6 1883

Date of Death, Dec. 5/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Martin.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Hepatization - Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 6th Dec 83

R. M. Goldsmith M. D.,
Medical Attendant.

Undertaker Frank McVeagh.

Place of Business, Sisson & Jones

Address, Holliday & Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 11576 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Brand.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 6/83.

Undertaker, Frank McVeagh.

Place of Business, Hirsinger & Townsend

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Saratoga & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7655 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gojert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Segar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 6 years

Place of Death, {Give street and Number.} 74 S. Frement St

Cause of Death, First (Primary),

Second (Immediate), Heart Hypertrophy

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 6th 1883

S. Abell M. D.

Medical ~~Attendant~~ Coroner

Undertaker Ernst Schlosser

Place of Business, 181 Sharp St *Address,* 181 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore.

Permit No. 7558 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 6 1883

Date of Death, Dec. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Snowden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Painters Court

Cause of Death,
First (Primary), Bright's Disease
Second (Immediate), Dropsy

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Dec 6 1883

Undertaker William V Dorsey

Place of Business No 62 East St

J. F. Gwynn M. D.
Medical Attendant.

Address, 13 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 71669 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC. 6 1883

Date of Death, December 4th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mayers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} E. Stockholm n.

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Prostration

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 6

Undertaker H Ross

Place of Business 95 Conway St

C. L. Bulkley M. D.
Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7668 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 6 1883

Date of Death, December 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Sandford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about Seven years

Place of Death, {Give street and Number.} 201 Hughes str

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 7

Undertaker, H Ross

Place of Business, 75 Lombard St

Calvin Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hill str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7156 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 6 1893

CERTIFICATE OF DEATH.

Date of Death, Dec. 3 93

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. Bauer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 38 King St

Cause of Death, First (Primary), Convulsions

Second (Immediate), as thenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 7

Undertaker H Ross

Place of Business W. Conway St

C. E. Boze M. D.

Medical Attendant.

Address, 210 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11562 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Kildroy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 44 Millman St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 7. 1883

Undertaker Jas P Byrne

Place of Business, Front st

Milton N Taylor M. D.
Medical Attendant.

Address, 138 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7163 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Y. Walston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 8 *Months.* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation School Teacher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 419 S. Ann St.

Cause of Death. First (Primary), Croupous Pneumonia

Second (Immediate), Exhaustion from hiccough

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, December 7th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 71564 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC. 6 1893

Date of Death, Dec. 5th 93

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Koenig

~~*Sex*~~, *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 6 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 5 N. Central Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Ordinary fever

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec. 7. 1893.

Undertaker G. D. Rennie

Place of Business, 125 Orleans.

Thos. Hutton M. D.
Medical Attendant.

Address, 247 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71565 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC. 6 1883

Date of Death, Dec. 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Matilda Bender

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 263 S. Durham St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia - Empyemia

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, 5th Reformt Cemetery.

Date of Burial, Decbr 6th 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

J. L. Wilkins M. D.,

Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

Permit No. 71566

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 6 1883

Date of Death, Dec 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank R. Rigor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 147 Scott st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Hanneistown Pa

Date of Burial, Dec 6th 1883

Undertaker, John A. Wachter

Place of Business, 1506 Camden

H. W. Webner *M.D.,*

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71567 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amy Goodman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 179 Conway Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, December 6

Undertaker Jacobsthrens

Place of Business, 31 N Hugh St

F. K. Wiley M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71568 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Katz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* two *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 weeks

Place of Death, {Give street and Number.} 235 E Madison st

Cause of Death, First (Primary), Teething difficult

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loft Road Cemetery

Date of Burial, December 7

Undertaker Jacob Ahrens

Place of Business, 21 N Eight st *Address,* 125 S Ede. st

R O Winternitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7166 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 6 1883

CERTIFICATE OF DEATH.

Date of Death, December 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dawson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, W

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 188 S. Durham

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,) Coma

Duration of Last Sickness, Eighteen hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 6.

Undertaker, Theodore F. Locks

Place of Business, 73. Jefferson st

Whitefield Winsey M. D.,
Medical Attendant.

Address, 116 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7157 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 6 1883 BALTIMORE

Date of Death, December 5th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Pullmann

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~28~~ 27 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and Number.} 192 Dallas St.

Cause of Death, First (Primary), Tubercular Phthisis

Second (Immediate),

Duration of Last Sickness, Six Month.

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, Dec. 7th 1883

Louis (B) Horn M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* cor Mulberry & Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7131 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Holland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... *Months,* ..... 2 *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} Park Ave & Preston st

Cause of death, First, (Primary,)

Second, (Immediate,) Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, December 6th

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 71572 — *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Flynn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* (*Months,* (*Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 46 Hillen

Cause of Death, First (Primary), Uremia (also Gastritis + Heart-Disease)

Second (Immediate) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec 6th

Undertaker James A. Byrne

Place of Business, 603 W. Fayette

L. Shell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7673

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7673 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ann Adams.

Sex, Male or ~~Female~~ {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days,*

Color, (Col)

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Single

Occupation Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va 32 Sterling & in Balt. C

Duration of Residence in the City of Baltimore, Nearly all her life.

Place of Death, {Give street and Number.} 133 Sterling St

Cause of Death. First (Primary), Old Age

Second (Immediate), Paralysis. Jeneral.

Duration of Last Sickness, about 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, Dec. 7. 1883

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

Jno. H. Conaway M. D.
Medical Attendant.

Address 238 E. Monument St.
N. E. Corp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11574 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Smith

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 6 *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 N. Wolf St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Rubeola

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 7/83

Undertaker Fry & Son

Place of Business, 17 N Broadway

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7676 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 5— 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Butler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 8 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 48 Styles st.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cross Cemetery

Date of Burial, Dec 7th 1883. P. G. Dausch M. D.

Medical Attendant.

Undertaker Henry McGinn

Place of Business, 84 N. Central Ave *Address,* 325 E. Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 715 76 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Machinski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } # 27 Shakspeare Pl

Cause of Death, First (Primary), Convulsions following an Attack of Whooping Cough

Second (Immediate)

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 7th

Undertaker Hamill Lizzie

Place of Business,

John A. Kellberger M. D.
Medical Attendant.

Address, 1143 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

Permit No. 7577 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 438 Division St

Cause of Death. First (Primary). Croup (Membranous)

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 7th

Undertaker J. E. Hough Jr.

Place of Business, 320 Penna Ave

H. J. Howard M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 7557 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Goodman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 492 Eager St

Cause of Death, First (Primary), ...

Second (Immediate), Whooping Cough

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bare

Date of Burial, Dec 7

Undertaker Geo Schulen

Place of Business, ...

Geo. H. Dixon M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ... to the ...

Board of Health, City of Baltimore.

Permit No. 71579 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 Dec 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw? M. Rosenberg

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 18. *Years,* 1. *Months,* ..... *Days,*

Color, W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northern Penn

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and Number.} 229 Lexington St.

Cause of Death, First (Primary), Hip Joint Disease (Paralysis)

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 1893 Christopher Johnston M. D.

Undertaker Wm Silver — Medical Attendant.

Place of Business, 101 Gough St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77580 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Rice

DEC 7 1883

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 270 W Biddle st

Cause of Death, First (Primary).

Second (Immediate). bowels & Stomach

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Dec 7/B

Undertaker J. B. Cook

Place of Business, 707 W Balto St *Address,*

Alexander Twining M. D.
Medical Attendant.
Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7158 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Decbr 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefferson Shultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} San Francisco

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} Calvert St 3rd door fm Boundary Ave

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) do

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 8th 83

Undertaker, Kerr Jackins & Sons

Place of Business, Park Saratoga St

J. H. Carey Thomas M. D.,
Medical Attendant.

Address, 317 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif...

Board of Health, City of Baltimore.

Permit No. 7652 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E Cole

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Housekeeping

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 100 N Eutaw Street

Cause of Death, First (Primary), Cancer of both breasts, and probably of uterus & vagina

Second (Immediate), Dropsy (abdominal)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 8th 1883

Undertaker F. Lewis Schafer

Place of Business, 109 N Fremont *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71583 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 7 1883

Date of Death, Dec 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Koch

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, Years, 1 Months, on hour Days,

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, White

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 182 Cross St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) on hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 9th

Undertaker, J. Hurd

Place of Business, 82 West St

H. C. Buch M. D.,
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 71584 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, December 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Susan Cleary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Six *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about Seven Months

Place of Death, {Give street and Number.} 326 Hanover st

Cause of Death, First, (Primary,) Hematemesis

Second, (Immediate,)

Duration of Last Sickness, about four Months

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md.

Date of Burial, Decemb 8

Undertaker, B Hall

Place of Business, 52 West St

Julius Hall M. D., Medical Attendant.

Address, Southern Dispensary

77 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3092 Truro

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, 6th December 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleonora Meyers

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 50 *Years,* 2 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Weyhadt — Hessen Darmstadt

Duration of Residence in the City of Baltimore, 30 years in U. S. of A.

Place of Death, { Give street and number } Calverton Road No 2

Cause of Death, First, (Primary,) Causes of womb

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, 8 December

Undertaker, John Parkes

Place of Business, Frederick Road

L. F. Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7656 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret H Siddons

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. }

Occupation Seamstress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 453 E Eager st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9th

Undertaker Geo Schilling

Place of Business,

E. L. Baldwin *M. D.*
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 7167 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, December 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wilson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 57 *Years,* ~ *Months,* ~ *Days,*

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 578 S. Bethel St.

Cause of Death. First (Primary), old age and senile decay

Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7 1883

Undertaker T. J. Locks

Place of Business, 37 Jefferson st

Jno. S. Smith, M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Accompanying [illegible]

Board of Health, City of Baltimore.

Permit No. 7168 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Captain Edgar C. Fales

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy three *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Maryland~~ (Balto City)

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 118 North Bond St.

Cause of Death. First (Primary), Diarhea

Second (Immediate), Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 8th 1883

Undertaker C. F. Knause

Place of Business,

Wm H Clendinen M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 71589 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 6 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Rembach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 23 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 508 - Fremont - St -

Cause of Death, First (Primary), Measles

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Dec 9

Undertaker Walter Immd

Place of Business, 315 W. Biddle *Address,*

H J Houck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 71590 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Bishop

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 11 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md Locust Point

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Corner Hanbet & Nicholson Sts

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 8. 1883

Undertaker Mr. A. Dauger

Place of Business, 74 S. Bway

Nicholas L. Lashill M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, and to Those on the Other Side.

Board of Health, City of Baltimore,

Permit No. 7867 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace A Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 3 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 608 Carey st

Cause of Death, First (Primary), Cerebro-Spinal meningitis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec. 8, 1883

Undertaker M. A Dwyer

Place of Business, 74 S. Bway

H J Knapp M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71592 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Dec. 6th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* — *Months,* — *Days,* ✓

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} 54 Bullitt St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Ethaystion

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 7th 1883

Undertaker, Wm C Bunge

Place of Business, 62 East, St

J E Heard, M. D.,
Medical Attendant.

Address, 216 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

DEC 7 1883

Permit No. 7163 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore ———

Place of Death, {Give street and Number.} 17 Lewis St.

Cause of Death, First (Primary), Pneumonia et Rubeola

Second (Immediate), ———

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 7th 1883

Undertaker Wm. H. Burgee

Place of Business, 62 East, 21

E. D. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

McShane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11594 *Office of Registrar of Vital Statistics.* Ward 2

DEC 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Molloy

Sex, ~~Male~~ ~~ex~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years~~, 2 *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 197 S. Washington st

Cause of Death, First (Primary), Scrofula

Second (Immediate),

Duration of Last Sickness, 2 Years.

the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 7th 1883

Undertaker David Flynn

Place of Business, 109 West St

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...y-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...h, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 11596 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1883

CERTIFICATE OF DEATH.

Date of Death, December 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand ~~Flinspach~~ Flinspach

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Currier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 103 North Front St

Cause of Death, First (Primary).

Second (Immediate) Heart Disease

Duration of Last Sickness, Two or three months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 8th 1883

Undertaker Henry W Myers

Place of Business, 45 N. Gay St *Address,* Corner

Alexander Smiley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians ...

Board of Health, City of Baltimore.

Permit No. 71596 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ines Newbeck

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Year,* 2 *Months,* *Days,*

Color, Wh

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Locust Point (Md.)

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 4 Andover St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Abscess

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Dec. 8th 83

Undertaker G. Evans

Place of Business, Bank & Wolfe *Address,* 51 & Boundary

E. B. Richard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 715-97

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Imfang

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigarmager

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germani

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} N 20. E. Lombard St

Cause of Death First, (Primary,) Hydropsie Pericardii

Second, (Immediate,)

Duration of last Sickness, 10. Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 8 at 2 P.M.

Undertaker, J. Muller

Place of Business, 21 Harrison St *Address,*

John M. P. Perelli M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Hydrops pericardium

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 76-98

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy E Collins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number} 280 N. Eden St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pneumonia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Centreville Md

Date of Burial, Dec 8th 1883

Undertaker, J E Monahan

Place of Business, 320 Lemmon

L. E. Clagett M. D.
Medical Attendant.

Address, 36 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7699 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Mueller

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line}

Age, 3 *Years,* 3 *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 65 N. Eden

Cause of Death, First (Primary), Organic membranes

Second (Immediate), Suffocation

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 9th 1883

Undertaker H. Kafmann

Place of Business, 63 N. Eden St

J. Sutton M. D.
Medical Attendant.

Address, 24 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C.

Board of Health, City of Baltimore.

Permit No. 7163 ; *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Raeder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saxony

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 55 Pearl St

Cause of Death,
First (Primary),
Second (Immediate), Heart Disease
Home Death in Bed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem

Date of Burial, Dec 8 84

Undertaker A Rohde

Place of Business, 48 Penna Ave

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention [illegible]ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 7160 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 6, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James N Weems

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation upholsterer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 49 S Munro St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Dec 7th 1883

Undertaker Jos B Cook

Place of Business, No 707 W. Baltimore Street *Address,* 319 Hollins

Jno Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 7168 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 7 / 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marie Hammond

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. city.

Duration of Residence in the City of Baltimore, 3 / — 6

Place of Death, { Give street and Number. } 316 S. Chapel St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Congestion of lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 8.

Undertaker B. Hamle

Place of Business, 82 west

R. A. P. Ellis M. D.

Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7608 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 5 1883

Date of Death, Dec 4 /83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rufus W Sainsbury

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, "

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 330 Pratt cor

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 8 83

Undertaker, Ambrose & Denny

Place of Business, No 268 Light

H Patterson M. D., Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 71604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 8 1903

CERTIFICATE OF DEATH.

Date of Death, Dec 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Ethel Schroder

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1½ hours, ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 294 W. Lombard St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature Birth Foetal Age 7 Months.

(Cause Jaundice.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 8

H. W. Webner M.D.,

Medical Attendant.

Undertaker, W J Tickner

Place of Business, 65 S Eutaw St

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sec. 2 Section on Reverse.

Board of Health, City of Baltimore.

Permit No. 7605 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Nestle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 187 Lee Street

Cause of Death, First (Primary), Vesicular Emphysema

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9 1883 Geo Schaer M.D.

Medical Attendant.

Undertaker John Heaney

Place of Business, 382 Orleans *Address,* 24 Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 7606 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Mertz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 412 E. Fayette St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 9 1883

Undertaker, John Heaney

Place of Business, 358 Orleans St *Address,* 360 E. Balto. St.

C. [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Permit No. 71607

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McCleaf

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days.*

Color, Colard

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 22, Edward Lane

Cause of Death, First, (Primary.) Asthma &

Second, (Immediate.) Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem

Date of Burial, Dec. 9-1883

Undertaker, W. W. Madden

Place of Business, #46 East St *Address,* N° 36 Davis St

P. Brack *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11608 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1883

CERTIFICATE OF DEATH.

Date of Death, 7th. December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathy Franz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, — Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Wolfert. 12Z.

Cause of Death, First, (Primary,) Tabes mesenterica

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, Decbr. 8th 1883

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna

William Hensel M. D., Medical Attendant.

Address, S. Wolfert 11Z.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7609 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Trehage.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 240 William St.

Cause of Death, First (Primary), Para-& Perimetritis.

Second (Immediate), Septicaemia.

Duration of Last Sickness, 12 days. (18th day from Childbirth)

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 10

Undertaker B Hall

Place of Business,

N. W. Webster - M. D. per Tall - 157 Barre St.

R. J. H. Tall, M. D.

Medical Attendant's

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7168 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grey Tracey

Sex, Male or Female, {Cross out the word not required in this line.} f.

Age, 3 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 145 Montgomery St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Asm

Date of Burial, Dec 8th 1883

Theodore Bx M. D.
Medical Attendant.

Undertaker Armstrong & Dent

Place of Business, 262 Eighteen *Address,* 1410 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

Permit No. 7161 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. R. McCain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cigar Manf.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dale. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 68 N. Fremont St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Two (2) Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 9 1883

Undertaker S. Haus

Place of Business, 317 Mulberry *Address,* 387 W. Centre St

H. L. Lewis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7162 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Wheeler

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 8 Hammond Alley

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 8 1883

Undertaker C J Wetzel

Place of Business, 198 Lombard St

R W Mansfield M. D.
Medical Attendant.

Address 112 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special[illegible]ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore.

Permit No. 7163 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1883 Baltimore

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Whittington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* *Days,*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 39 E. Washington St

Cause of Death, First (Primary), Pleuritis

Second (Immediate), Senile exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 10th 1883

Undertaker Denny & Mitchell

Place of Business, 60 S Broadway

Jno A Bevan M. D.
Medical Attendant.

Address, Body Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7617 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sands

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Picture Frame Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 1 Reinhardt St.

Cause of Death, First, (Primary,) Crack of Frontal bone

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 9th

Undertaker, Wm J. Tichenor

Place of Business, 65 S. Eutaw

John Neff M. D.,
Medical Attendant.

Address, 202 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7613 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1883

CERTIFICATE OF DEATH.

Date of Death, December 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Stanley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months.* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 84 Milliman St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Dec 8/83

Undertaker J. C. Locke

Place of Business,

Geo. H. Braun M. D.

Medical Attendant.

Address Emmis & Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Disease on Back of this

Board of Health, City of Baltimore,

Permit No. 7616 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883 REGISTRAR'S OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 13 *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 166 N Henry St

Cause of Death, First, (Primary,) Scarlet F Malignant Form

Second, (Immediate,) Paralysis of Brain F Burning Fever

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 9th 1883

Undertaker, Jas McGinnis

Place of Business, 143 Aisquith St

A. McC Colburn M. D., Medical Attendant.

Address 343 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7617 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, C A

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore .....

Place of Death, {Give street and Number.} 111 Rushelton ct ✓

Cause of Death, First (Primary), ...

Second (Immediate) Brain Burn

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, Dec 8

Undertaker Kershner

Place of Business, ...

Wm. H. Doran M. D.
Medical Attendant.

Address, Cor. of Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7618 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Virginia Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 7 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 10 Jones Court

Cause of Death, First (Primary), Sanitation

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, December 9

Undertaker Theodore J. Sacks

Place of Business, 73 Jefferson St

E. L. Sims M. D.
Medical Attendant.

Address, 371 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Permit No. 7619

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madelaine De Barnett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 338 Franklin St

Cause of Death, First, (Primary.) albuminuria (Bright's)

Second, (Immediate.) "

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, Arlington Balto Co

Date of Burial, Dec 9th 1883

Undertaker, John F Andrews

Place of Business, No 4 & 6 Druid Hill Ave

H. Atkinson M.D.,

Medical Attendant.

Address, 119 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore.

Permit No. 7620 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Risley Hansen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 215 Hamburg St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Syncope

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 8 1883

Undertaker L. Pool

Place of Business, 95 Conway

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 7624 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 7 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. W. Byrd

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2 Bartletts Court

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 8 1883

Undertaker, H Ross

Place of Business, 95 Conway

Jas Brown M. D., Medical Attendant.

Address, B. C. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Physicians is respectfully invited to the Returns below, and to Rule of Diseases on Back of

16 **Board of Health, City of Baltimore,** 7162

Permit No. 7622 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decb 7th 1883.

Full Name of Deceased, {Writs legibly and spell correctly. If an infant not named, give names of parents.} Julias Jones

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, Colrd *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Butler

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Little Paca st No 13

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Do

Duration of Last Sickness, Dot knows may dead 2 days before

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem Richd Dappington M. D.

Date of Burial, Dec 8 1883 Medical Attendant.

Undertaker, H. Roll *Address* 132 W Bay st

Place of Business, 95 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 71623 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie K. Muth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 96 Ridgely st

Cause of Death, First (Primary), Pneumonia double

Second (Immediate), Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Barnes Cl

Date of Burial, Dec 9 1883

Undertaker Henry Hook

Place of Business, 309 W Pratt st *Address,* 166 N Eden st

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully directed to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7624 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Kavanagh

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give street and Number. } 91 S. Castle

Cause of Death, First, (Primary,) Chronic Ulcer

Second, (Immediate,) of Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 10

John F. Commandin M. D.,

Medical Attendant.

Undertaker, M. Clark & Son

Place of Business, 92 S. Amer

Address, 5 W. Colvert & Pres. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore.

Permit No. 7625 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Francis Bolden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* Five *Months,* Fourteen *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 230 Pine St.

Cause of Death, First (Primary). Diarrhoea

Second (Immediate). Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Dec 9th 1883

Undertaker Wm C Dunges

Place of Business, 62 East St.

Dr. Edw. Janney M. D.

Baltimore Medical Association

Address, Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Each of Sections of Law [illegible]

Board of Health, City of Baltimore.

Permit No. 71626 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1883 BALTIMORE

Date of Death, Dec 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Pfaff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* One (1) *Months,* Four (4) *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation ____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 257 E. Eager St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Decem 10, 1883

Undertaker Henry Hoen

Place of Business, 309 Central Ave Address, Cor Eager & Patterson Ave

C. W. Schneck M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below [illegible]

Board of Health, City of Baltimore,

Permit No. 71627 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Ky. Sellman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days,*

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } Vic Patterson Hospital 91 Stirling St

Cause of Death, First (Primary), Convulsions of Dentition

Second (Immediate), Congestion of lungs Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 9 the 1883

Undertaker Mrs C. A. White

Place of Business, 35 Granby St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this

Board of Health, City of Baltimore,

Permit No. 71628 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OF BALTIMORE DEC 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1883 Jennie Wharton

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 37 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} E. S. Caroline St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 10 years.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Dec 10th 1883

Undertaker, Henry McGinnis

Place of Business, 203 Plum[illegible]

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore, 15

Permit No. 71629 *Office of Registrar of Vital Statistics.* Ward ~~##~~ 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magnon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~25~~ 27 *Years,* 8 *Months,* 7 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Each her Life

Place of Death, {Give street and Number.} 3 Elizabeth Lane

Cause of Death. First (Primary),

Second (Immediate) Phthisis Hemmorhage

Duration of Last Sickness, 1 yrs

the above information should be furnished by the Physician.

Place of Burial, St Alphons C.

Date of Burial, Decemb 10

Undertaker B. Woall

Place of Business, 82 West St

Theodore Cutter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 71630 *Office of Registrar of Vital Statistics.* **Ward** 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 9 1 1883 BALTIMORE

Date of Death, Dec 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celestia Burgess

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Stockholm.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 days.

The above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 19

Undertaker B. Hauck

Place of Business, 42 West St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 71631 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hanora Ryan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 171 Aisquith st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Dec 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 30 Guilmour Ave

C. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11632 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Jackson Little

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 36 days *Years,* 36 *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* { Cross out the word not required in this line. }

Occupation Fireman on C. & O. R.R.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } N. E. 4th & Charles St. Baltimore

Cause of Death, First (Primary), Old drunkard and Exposure.

Second (Immediate) Congestion of Lungs

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 10th 1883

Undertaker John S Mackey

Place of Business, No 150 Camden

A. L. Kuhn, *M. D.*
Medical Attendant.

Address, 49 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 71633 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Clark

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 882 W. Pratt

Cause of Death, First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, December 9/83

Undertaker J. H. Ries

Place of Business, 858 W. Pratt

James Bosley M. D.
Medical Attendant.

Address, 317 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore,

Permit No. 71654 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice R Haynes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 23 Elbow Lane

Cause of Death, First (Primary), Spasms

Second (Immediate), Alcoholism

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10

Undertaker H Ross

Place of Business, 15 Monument St

C C Bruce M. D.
Medical Attendant.

Address, 2 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 71435 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Brooks (c)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 493. W Balto

Cause of Death, First (Primary),

Second (Immediate) Heart disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10

Undertaker A R Oss

Place of Business 15 Donnell Pl

H G Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 6 of Regulations Board of Health C

Board of Health, City of Baltimore,

Permit No. 71636 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, 8th December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Chase.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy (70) *Years,* *Months,* *Days,*

Color, White.

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, No occupation lately.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about thirty three (33) Years.

Place of Death, {Give street and Number.} No 186 George Street Baltimore.

Cause of Death, First, (Primary,) Pulmonary Congestion.

Second, (Immediate,) The first Stage of Pneumonia.

Duration of Last Sickness, about a week.

All the above Information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Dec 11. 83

Undertaker, Martin Fahy

Place of Business, 12[redacted] Lawrence St

M. C. VanBibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem... ...o List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 11637 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Henry Ohem

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~6~~ 7 *Years,* 9 *Months,* 20 *Days,*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 57 Holland St.

Cause of Death, First, (Primary,) Membranous Croup.

Second, (Immediate,) The same.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, December 10th 1883 Henry Salzer M. D., Medical Attendant.

Undertaker, Henry McGinn

Place of Business 78 N Calvert *Address,* 169 W Chas to E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Pearson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Co Va

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and number} Maltby House Balto City

Cause of Death, First, (Primary,) Cold & Double Pneumonia

Second, (Immediate,) Heart Complication

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, 11th Dec. 1883

Undertaker, H. M. Jenkins & Son

Place of Business, Park & Saratoga Sts

J. E. Clagett M. D.

Medical Attendant.

Address, 36 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7639 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1883

Date of Death, Dec 9th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen A. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 76 Druid Hill Ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 11 1883

Undertaker A Rosenberger

Place of Business, 30 Druid Hill Ave

J. H. Keller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 11640 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Lavinia Dyott,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 62 S. Eden St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac paralysis,

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 11 1883

Undertaker John W Jackson

Place of Business, Gay S. Eastern

G. L. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

10

Board of Health, City of Baltimore,

Permit No. 71641

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving Eugene Landry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 44 Vine

Cause of Death, First, (Primary.) Spasmodic Laryngitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem.

Date of Burial, Dec 11th 10 3 P.M.

Undertaker, W. Polkamp Jr

Place of Business, 253 E. Lombard St

E. Maierhof, M.D.,
Medical Attendant.

Address, 421 N. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Permit No. 7642

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 10 1883 BALTIMORE

Date of Death, Sunday Dec 9th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Fortia

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 51 N Calvert St

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 11th 1883

Undertaker, Jas A McGinnis

Place of Business, 1 & 3 Plowman

E. Worth *M.D.,*

Medical Attendant.

Address, 51 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific.

Board of Health, City of Baltimore.

Permit No. 71673 *Office of Registrar of Vital Statistics.* Ward 16-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin L. N. Tall.

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Month,* 10 *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 83 William St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Madison, Dorchester Co. Md.

Date of Burial, Dec. 12th 1883

R. J. N. Tall, M. D.
Medical Attendant.

Undertaker Emmitt Clay

Place of Business, 263 Light St. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 16747 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1883

Date of Death, December 8th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias McMillan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} Clement St below Charles

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Dec 10 1883

Undertaker Armstrong Co

Place of Business, 263 Light

Robert S. Lowe *M. D.*
Medical Attendant.

Address, 233 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 71645 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1883

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Mal-nutrition

Second (Immediate), Wasting

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 10

Undertaker C H Blizzard

Place of Business, 198 Penn ave

Thos S Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7676 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 10 1883

Date of Death, December 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 124 N Wolf St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), " Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 10/83

Undertaker Fry & Fry

Place of Business, 516 Broadway

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7607 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert L. Phillips

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 95 S. Bond St.

Cause of Death. First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 7 months,

the above information should be furnished by the Physician

Place of Burial, Dochester Co Md

Date of Burial, Dec 12/ 83

Undertaker Fry & Teo

Place of Business, 51 to Broadway

R. J. H. Tall, M. D.
Medical Attendant.

Address, 15-2 Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 11648 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Robinson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 9 S. Chester St.

Cause of Death, First (Primary), Scarlatina Anginosa

Second (Immediate), Asphyxia

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 10 /83

Undertaker M. A. Dougen

Place of Business, 74 S. Bway

G. G. Lucke M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7649 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, December 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gibson Askey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Five (5) *Months,* Three (3) *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 9 Irvine Place

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec. 11 '83

Undertaker M. A. Daugi

Place of Business, 94 S. Bway

Wm. H. Henderson, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 71650 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, Decembr 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Linerman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — Married —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Galtz Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 31. Harris Aly

Cause of Death, First (Primary), Cancer of the Uterus

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Decbr 10th 83

Undertaker H. G. Sanders & Son

Place of Business, 252 Central *Address,* 22 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, 12 9 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob L Dörken

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa.

Usual Residence in the City of Baltimore, 10 E Saratoga

Place of Death, {Give street and number} 15 19 S. Fallow al

Cause of Death, First, (Primary,) Nervous Prostration

Second, (Immediate,) Coma

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Westlawn Cem

Date of Burial, Dec 11

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore St

H H Coleman M. D.,
Medical Attendant.

Address, 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41652 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Upperman Weishampel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S E Cor Dolphin & Pa Ave

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion & Dyspnoea

Duration of Last Sickness, Many Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 11th 1883

Undertaker, S. M. Leonard & Sons

Place of Business, 7 W. Baltimore

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of P... ...ly invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71653. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 10 1883

Date of Death, Dec 9, 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel May Power

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 3 Years, ——— Months, ——— Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 40 E Chase St,

Cause of Death, First (Primary), Membranous Croup,

Second (Immediate), Exhaustion

Duration of Last Sickness, Four days,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 11 th

Undertaker H. C. Wiedefeld — *Medical Attendant.* J. H. Robison, M. D.

Place of Business, 90 Greenmount Av — *Address,* 90 Greenmount Av,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71654 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Stutz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 12 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor of O'Donnell & Chesapeake st

Cause of Death, First (Primary), Acute Laryngitis

Second (Immediate),

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Decem 11 th

Undertaker W Diffpel

Place of Business, 151 S Bond st *Address,* 22 Jackson Place

Thomas J. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 7655 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter F. Eisenhut

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 328 Orleans St.

Cause of Death, First (Primary) Typhoid Malarial Fever

Second (Immediate)

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, Dec 11 1883

J. Hohenbergh M. D.
Medical Attendant.

Undertaker John Kennedy

Place of Business, 382 Orleans St *Address,* 34 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11656 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katherine Hennig

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* — *Days,* 7

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation Long work

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 163 S. Eden

Cause of Death, First (Primary), Aneurism aortic

Second (Immediate), Rupture aortic

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Dec 12th 1883

Undertaker Henry Hock

Place of Business, 369 N. Eutaw St. *Address,* 249 E. Baltimore St.

Medical Attendant ~~M. D.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore.

Permit No. 7169 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883

CERTIFICATE OF DEATH.

Date of Death, December 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 11 Walnut al

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 mos

All the above Information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Dec 9/ 1883

Undertaker Fred A Keachmer

Place of Business, 129 Arlington Ave *Address,*

Alexander Tinsley M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

18

Permit No. 7165

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Rizor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 147 Scott St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicaemea

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Hunnelstown P.O.

Date of Burial, Dec 10th 1883

H. W. Weber *M.D.,*

Medical Attendant.

Undertaker, John L Mosher

Place of Business, No 150 Cornelius

Address 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71659 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Reagan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 57 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} No 1905 Aisquith St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Brain 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial Dec 12th 1883

Undertaker, C F Knauss

Place of Business, 209 Hanover

J C Burch M. D., Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7660 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Finn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Between 35 & 40 years

Place of Death, {Give street and Number.} St. Vincents Hospital

Cause of Death, First (Primary), Alcoholism (Intemperance)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 10th 1886

Undertaker James Byrne

Place of Business, N. Front St.

Geo. R. Dixon M. D.
Medical Attendant

Address 811 of Aliceth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7166 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Strasburger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation Liquor dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 438 cr. Gay & Pr.

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate), (Tuberculosis)

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Lebl Parnt by

Date of Burial, December 11

Undertaker W. Eilau

Place of Business, 101 Gough St

Signature of John Morris M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7662 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Taylor Hart.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Three *Months,* 27 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 697 Lexington St.

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 11 '83

Undertaker Denny & Mitchell

Place of Business, 655 W Fayette St

J. M. Jordan, M. D.,
Medical Attendant.

Address, 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 7663 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 10th, 883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Groh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-two years

Place of Death, {Give street and Number.} # 255 Alice Anna St

Cause of Death, First (Primary), Cirhosis

Second (Immediate), Dropsy

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, December 12th 83

Undertaker John G. Schmidt

Place of Business, 265 Alice anna St

John A Kehlberger M. D.
Medical Attendant.

Address, 278 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

2

Board of Health, City of Baltimore,

Permit No. 71667

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Author.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 8 *Days.*

Color, white

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balty Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 166 S. Spring Str.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis tuberculosa.

Duration of Last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 11

Undertaker, Michael Trunk

Place of Business, No 35 Bank St

Robert Author M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7166 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. J. T. Rimer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Hudson St

Cause of Death, First (Primary), Unknown

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Dec 11th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* .....

J. H. Martin M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 71666 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, June *Years,* 3 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N E Cor. Wolf and Mecanicus st

Cause of Death, First (Primary), Diphtheritic croup

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 11th 1883

Undertaker [illegible]

Place of Business, [illegible]

L A Winternitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7167 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ore Hellman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 20 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 341 N Eag St

Cause of Death, First (Primary). Dyphtheria

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 11th 1883.

Undertaker H. Schultheis

Place of Business, 26 E. Monument St.

A R Thirod M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 11668 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Webster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and Number.} 334 Little Sharp St.

Cause of Death, First (Primary),

Second (Immediate), Internal Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Dec 11 1883

Undertaker William N Berger

Place of Business, No 62 Eastst

Geo Dunnett Moore M. D.
Medical Attendant.

Address, 561 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 71669 *Office of Registrar of Vital Statistics.* Ward 5 & 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie McGraw

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 157 Forest St

Cause of Death, First (Primary), ...

Second (Immediate) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Dec 11th 1883

Geo B Reynolds M. D.
Medical Attendant.

Undertaker Coolahan Evans

Place of Business, Eager & Valley sts *Address* 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

12

Board of Health, City of Baltimore,

Permit No. 71670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, December 10: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Seffins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Planter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} Cor of Durbin & Eutaw Sts

Cause of Death, First, (Primary.) ?

Second, (Immediate.) Hematuria

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 12th 1883

James Shriver M.D.,
Medical Attendant.

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

Address, N. W. Pacific St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 41671 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Joseph Williams

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 198 Division Street

Cause of Death, First (Primary), Tuberculor Consumption

Second (Immediate), Cerebro Spinal Congestion

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial Loudoun Park

Date of Burial, Dec 13th 1883.

Undertaker A Dickens and Co

Place of Burial Howard and Madison Streets

G H Starr M. D.
Medical Attendant.

Address, No 58 N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura B. Mosell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 40 Bolton St

Cause of Death, First (Primary,) Valvular Disease of the Heart

Second (Immediate,) Cardiac failure or Syncope

Duration of Last Sickness, Had had organic heart disease for several years

All the above Information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, Dec 12th 1883

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St

S. D. Chew M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7673 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1883 BALTIMORE

Date of Death, December 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Ruppel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 105 Pierce St

Cause of Death, First (Primary), Pneumonia double

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemy

Date of Burial, Dec 11 1883

Undertaker A Rosenberger

Place of Business, 20 Mulberry

A. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 21674 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10/83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Rud Kleman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* *Months,* Few *Days,*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation Nine

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 1 Belair Avenue, opp. Weisner's Brewery

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 11 1883 J. Insell Martenet M. D.

Medical Attendant.

Undertaker John Kenney

Place of Business, 782 Orleans *Address,* Belair Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 71675

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Elbling.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Housewife.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 106. High St.

Cause of Death, First, (Primary.) Aortic regurgitation.

Second, (Immediate.) Heart-Exhaustion.

Duration of Last Sickness, One Year.

All the above Information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Dec 11 1883

Undertaker, James S Byrne

Place of Business, No 63 N Front St *Address,* 132 N Eden

F. W. Chambers M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 71676 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Bedford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days,* 7

Color, Color

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 27 Eldow Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peter-Cemy

Date of Burial, Dec 9 1883

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St

A Nelson M. D.,
Medical Attendant.

Address, Bn & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 71677 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Speed - Winkler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 807 W Pratt or

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 11/83

Undertaker Laurence Haus

Place of Business 317 Mulberry St *Address,* 319 Hollins

James Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7167 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 83 - 3 am.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Finland

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days,*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Seaman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ~~[redacted]~~

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, ~~[redacted]~~

All the above information should be furnished by the Physician.

Place of Burial, E C

Date of Burial, Dec 8

Undertaker E Rinehart

Place of Business,

J. A. Lohr *M. D.*
Medical Attendant.

Address, St. Josephs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7167 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 11 1883 BALTIMORE

Date of Death, December 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Moran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 45 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation Dredger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 16 Years

Place of Death, {Give street and Number.} Abbott's Dam Wharf Canton

Cause of Death, First (Primary), 2 Accidentally Drowned

Second (Immediate), 3 (Supposed)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, ES

Date of Burial, Dec 9

Undertaker E Kelehan

Place of Business,

Chas M. Merfit M. D.
Coroner E.C. Medical Attendant.

Address, 67 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 11680 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Otto

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 6 Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Abcess of Brain

Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, E D

Date of Burial, Dec 9

Undertaker E Rudhart

Place of Business,

R B Watkins M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7168 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, 10th December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliane Gonsoll

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gumbyin Westpreussen, Germany

Duration of Residence in the City of Baltimore, 1 y. 2 m

Place of Death, {Give street and Number.} L. Register Street 166

Cause of Death, First, (Primary,) Cirrhosis hepatis

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Dec 12

Undertaker, J Ruhank

Place of Business,

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Husband wants her buried Tuesday morning Dec 11 at

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Draper

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 29 Centre Market

Cause of Death { First, (Primary,) Pneumonia ; Second, (Immediate,) Intemperance and Exposure

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E.O

Date of Burial, Dec 10

Undertaker, D Rinehart

Place of Business, ...

J W P Bass M. D.
Medical Attendant.

Address, 1132 E. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

19 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ronalyn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number} 37 Woodyear al

Cause of Death {First, (Primary,) Pul. Phthisis / Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 12th 1883

F. J. Thomas M. D.
Medical Attendant.

Undertaker, Martin Fahey

Place of Business, #126 W Townsend St. *Address,* Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7687 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Dudeck

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 10 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death. {Give street and Number.} # 179 S. Bethel St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimitery

Date of Burial, Decem 12

Undertaker First and Evans

Place of Business, cor. Jefferson and Ensor sts. *Address,* 143 Alice Anna St.

Chas. A. Kelberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7685 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1883

CERTIFICATE OF DEATH.

Date of Death, December 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W. Bates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 6 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 Stirling

Cause of Death, First, (Primary,)

Second, (Immediate,) Syphilis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, December 14 1883

Undertaker, Hercules Ross

Place of Business, 90 Conway St

J. A. Gillis M. D.,
Medical Attendant.

Address, 1502 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71686 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hanna

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 221 Front St

Cause of Death, First (Primary), Cutral Abscess (?)

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 12. 83

Undertaker Henry McGinnis

Place of Business, 8 N Central Ave *Address,* 25 S Fremont Ave

J K Robison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7/687 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Wenrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 410 E. Lombard St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltv. Cemetery

Date of Burial, Dec. 12th 1883

Undertaker Peter Frey

Place of Business, 91 Eastern Ave.

G. L. Luck M. D.
Medical Attendant.

Address, Balt. & Paul. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore.

Permit No. 7168 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

DEC 11 1883

Date of Death, December 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lewis Hamel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 221 S. Broadway

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Lungs

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12th 1883

Undertaker Thos E Hughes

Place of Business, 60 E Balto Address, 207 S. Broadway

Nicholas L Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71689 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie May Arnold

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~since born~~ Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 97 Aisquith st.

Cause of Death,
First (Primary), Pneumonia
Second (Immediate).....

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 12 1883

Undertaker James O Byrne

Place of Business, No 63 n Howard

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7698 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 25 Oxford st

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12-83

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,* 219 Madison ave

G Lane Tanyhill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11691

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11691 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva M. Kerr

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Fifty-Nine *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } /

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany - 46 yrs.

Duration of Residence in the City of Baltimore, 46 yrs.

Place of Death, { Give street and Number. } Greenmount Ave, 406

Cause of Death, First (Primary), Heart disease

Second (Immediate), Apoplexy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial DEC 12. 1883

Undertaker Wm H Duckman

Place of Business, 2341 N. Gay St.

Chas. H. McIntull M. D.
Medical Attendant.

Address, Woodberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7/695 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Burnett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 61 N Prince st

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Dec 12th 83

Undertaker M. Corrigan

Place of Business, 227 Aisbrews St

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7693 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE DEC 12 1883

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Prince

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and number.} 149 Dolphin St

Cause of death, First, (Primary,) Fatty degeneration

Second, (Immediate,) Heart (senile)

Duration of Last Sickness, About seven months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 12/83

Undertaker, L. Lewis Schaup

Place of Business, 109 N Fremont *Address,* 220 Penna Ave

H. Blackford M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7164 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 12 1883

Date of Death, Dec. 11th, 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Dorothea Sinkey

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, 1 *Years,* 0 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 7 Spruce Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 11 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec. 13th 83

Undertaker C Schunk

Place of Business, 265 Nicodemus Address, 2143 Huntsman St

John H Kellberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 71696 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1883 BALTIMORE

Date of Death, December 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Terry Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Ricketts Court

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, About three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Dec 12 83

Undertaker, H Rees

Place of Business, 95 Columbus

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7696 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Belle Larkin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 39 Greenmount Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th

Undertaker Geo Schilling

Place of Business, *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C

7

Board of Health, City of Baltimore,

Permit No. 11697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 Dec. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Helen Bittner

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* 5 *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 410 N Gay St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonitis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th

Undertaker, Geo Schilling

Place of Business,

B. F. Lennard M.D.

Medical Attendant.

Address, 314 E Balti St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore.

Permit No. 7698 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Leeland

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Blacksmith Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Croft St & Ohio Ave

Cause of Death, First (Primary), Accidentally Thrown by Engine No 619 B & O R R.

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loch Raven

Date of Burial, Dec 12 1883

Undertaker Armstrong

Place of Business, 263 Light

Ernest Beel M. D.

~~Medical Attendant~~ Coroner

Address, 161 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore.

Permit No. 7169 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Insham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 110 West St

Cause of Death, First (Primary),

Second (Immediate): Congestion of the Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudenpath Cem

Date of Burial, Dec 12

Theodore Cook M. D.
Medical Attendant.

Undertaker Hushing & Davis

Place of Business, No 263 Lafayette *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 11700 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 12 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis J. Bloom

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* 10 *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 234 Warner St.

Cause of Death,
First (Primary), Strangulated Hernia
Second (Immediate), Exhaustion of the operation for relief

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 13 83

Undertaker Armstrong & Dunn

Place of Business, No 263 Eutaw

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Permit No. 7701

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Crawford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 27 yrs 2 *Years,* 4 *Months,* 15 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} Womans Hospital, No 25 McCulloh St,

Cause of Death, First, (Primary.) Bursting of a pelvic cyst.

Second, (Immediate.) Shock

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 12th 1883

Undertaker, F. A. Kirchner

Place of Business,

Wm P. Chunn *M.D.,*

Medical Attendant.

Address, 286 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7702 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 83 - 9 P.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ruppert

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and Number. } St Joseph's Hospital

Cause of Death, First (Primary), Old age

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 12th 1883.

Undertaker Henry McGinnis

Place of Business, 17 & 19 N. Central Ave *Address,* 188 N. Calvert

Oscar Hoskins *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

16

Board of Health, City of Baltimore,

Permit No. 11703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Reinhardt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* 19 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 46 years.

Place of Death, {Give street and number.} 53 Wyeth St.

Cause of Death, First, (Primary.) Bronchites

Second, (Immediate.) Old age

Duration of Last Sickness, 1 Month

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Decemb. 13. 83

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Av

H. W. Webner M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 71704 *Office of Registrar of Vital Statistics.* Ward 4.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Blessing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 22 Anthony St

Cause of Death, First, (Primary,) Purulent Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Pt. Alb. Grave Yd

Date of Burial, Dec 14 1883

Undertaker, Henry Hoeck

Place of Business, 367 N. Eutaw St.

D. F. G. Grimes M. D.,
Medical Attendant.

Address, 257 Mt. Vernon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 71,705 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Weik

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* — *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 15 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 269 N. Eutaw St

Cause of Death, First (Primary) Acute Cerebral Congestion

Second (Immediate) Failure of Heart action

Duration of Last Sickness, Four (4) Days

the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Dec 13 1883

Undertaker Henry Hock

Place of Business, 609 W Pratt & *Address,* 269 Eutaw St

L. P. Hoover M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 11766 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeline R Bowen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Female

Age, 64 *Years,* 3 *Months,* ——— *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her lifetime

Place of Death, { Give street and Number. } 118 Ramsay St

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Met Oliver Cem

Date of Burial, December 13th

Undertaker Wm J. Fiekner

Place of Business, 65 S. Eutaw St *Address,* 116 Hanover St

Thomas Corbin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7707

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7707 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rudolph

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} Howard & Lombard Sts

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Brain

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 12

Undertaker Wm J. Eichenlaub

Place of Business, 65 S. Eutaw

Thomas Opie M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11708 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi G. Tuttle

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, 64 *Years,* ~~Months,~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Connecticut,

Duration of Residence in the City of Baltimore, Undetermined

Place of Death, {Give street and Number.} Saint Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Since Dec 4th 1883

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Dec 12

Undertaker G Rueckert

Place of Business,

Walter Mynier M. D.
Medical Attendant.

Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 7709 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McDonough

DEC 1883 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 220 S. Amer St

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 13th 1883

A. P. Clarke M. D.
Medical Attendant.

Undertaker M. Clarke & Son

Place of Business, 92 S. Amer St *Address,* 235 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Section 2 of Regulations respectfully invited to the Reverse Side. Also to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cora Cousins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 174 Chase St.

Cause of Death, First, (Primary,) Pertusis

Second, (Immediate,) Asthenia

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 13th

A. E. Stein, M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 70 Guilford Ave *Address,* 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7711 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred David Mercur

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 34 yrs.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Cirrhosis liver

Second (Immediate), Ioanition

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Shippensburg Pa

Date of Burial, Dec 13th 1883

Undertaker J. B. Coale

Place of Business, 707 N. Balto St

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7774 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kneck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 493 Lexington St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 18th 1883

Undertaker C F Evans & Co

Place of Business, 209 Hanover *Address,* 161 So Eutaw St

L. S. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

4)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Magleen

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, colu *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and number. } Uncle & Abel Fayette Ave

Cause of Death, { First (Primary,) Diarrhea / Second (Immediate,) ~~unspecified~~ convulsions 1 hr

Duration of Last Sickness, don't know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 12

Undertaker, Edward Mason

Place of Business, 12 Hamilton st *Address* 132 N Gay St

Richd Sappington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7714 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Jopaniak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pole Since Birth.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 46 Lancaster

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate) .....

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Dec 13/83

Undertaker C. Staub

Place of Business, 265 Aliceanna

John H. Kelly M. D.
Medical Attendant.

Address, 1143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7175 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Whiting

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 21 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 179 Hanover St

Cause of Death, { First (Primary), } { Second (Immediate) Pneumonia }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, Dec 13 1883

Undertaker Alex Abernethy

Place of Business,

Thos. Cartledge M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ·kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7776 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 C *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 187 N Fremont St

Cause of Death, First, (Primary.) Parsly Sis

Second, (Immediate.) "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec. 14, 1883

Undertaker, Thos. S. Hughes

Place of Business, 238 Madison Ave *Address,* 317 Madison Ave

P. J. Carey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11717 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 113 Sarah Ann St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Same time

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Dec 14 1883

Undertaker, William Berry

Place of Business, No 62 East St

M. Austin M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7718 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, December 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Singleton Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Pages Court

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, 11 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Shorfield Cemetery

Date of Burial, Dec 13 1883

Undertaker William Wenzel

Place of Business, No 62 East St

Alexander Tenley M. D.

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7179 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Maddux

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days,*

Color, Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 72 Wayne St

Cause of Death,
First (Primary),
Second (Immediate), Septaemia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Bent

Date of Burial, Dec 13 1883

Undertaker H Ross

Place of Business, 95 Lombard St

13 S Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11720 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, 12th December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret B. Dillehay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation Chamber-Maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 274 Shamburg St

Cause of Death, First (Primary), Burnt to horrible condition

Second (Immediate) Congestion of the head & chest

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 13 1883

Undertaker H Ross

Place of Business, 95 Lombard St

C. C. Lee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7172 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1893

Date of Death, Dec 12 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 69 S. Gilmore

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Pratt Green Land Baltimore Co

Date of Burial, December 13

Undertaker, J B Cook

Place of Business, 707 W Baltimore

J. Dunn Hunt M. D.,
Medical Attendant.

Address, 322 Hillen Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Rule 8 of Rules for Registration on back of this Certificate.

Board of Health, City of Baltimore,

Permit No 7722 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Samuels

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 296 W. Lombard St

Cause of Death, First (Primary),

Second (Immediate) Scirrhus of the Stomach

Duration of Last Sickness, 3 Months

All the above Information should be Furnished by the Physician.

Place of Burial, Chas Thalem.

Date of Burial, Dec. 13/83

Thos Cottee M. D.

Medical Attendant.

Undertaker J. N. Cook

Place of Business, 707 W. Balto St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7723 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 13, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edw A Ulpman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 117 Lemmon St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec. 14/83

Undertaker J B Cook

Place of Business, 707 W Balto St *Address,* 319 Hollins

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 71724.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71724 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas O Connors

~~Sex,~~ Male ~~or Female~~. { Cross out the word not required in this line. }

Age, About 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and Number. } 194 N. Front

Cause of Death, First (Primary), ~~Probably~~ Typhoid Pneumonia,

Second (Immediate), Exhaustion – I only saw him night before death. was then moribund

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Dec 13th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

Geo. L. Connors M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7725 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hazen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 904 N Durham

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Dec 13

Undertaker W Duffee

Place of Business, ...

Geo. N. Gibson M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11726 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1893

CERTIFICATE OF DEATH

Date of Death, Dec. 12 93

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Boehmer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* *Months,* *Days,*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } ~~Single, Widow or Widower~~ V

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 18 yrs

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give street and Number. } 439 W Camden St.

Cause of Death, First (Primary), Hepatitis - Val. Dis. of Heart

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 14th

Undertaker W Leipper

Place of Business, *Address,* 77 S. Broadway

J. L. Bittinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11727 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rathman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 352 William St.

Cause of Death, First, (Primary,) Laryngitis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 14

Undertaker, B. Hart

Place of Business, 62 West St

Wm Smith M. D.,
Medical Attendant.

Address, 281 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7128 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, December 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rhoda E. Swann

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. } V

Occupation ~~———~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #254 William st

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14th Dec 1883

Undertaker B. Hoole

Place of Business, 82 Hurst st

Geo. H. Jenson M. D.
Medical Attendant.

Address, 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7729 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Corp James Hagerty

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Illegitimate child

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 301 Lawrence Av

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 13th 1883

Undertaker, Geo Hughes

Place of Business,

G. W. Chatham M. D., Medical Attendant.

Address, 121 N. Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71730 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 12th

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Franklin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Six *Years,* Six *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and Number.} No 313 E Eager St

Cause of Death, First (Primary), Erysipelas

Second (Immediate). .....

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, December 14th 1883

Undertaker Wm. H. Hickman

Place of Business, 234 E Gay St

Wm Wehrly M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71,731 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben ~~Gah~~ Gearing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 2 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 23 Orchard

Cause of death, First, (Primary,) Paralysis (Hemiplegia)

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 13 - 83

Undertaker, Wm J. Gray

Place of Business, 66 Mulberry *Address,* 201 W. Biddle St

R. Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 41732 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wallace

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days,*

Colored Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 65 Wallis St.

Cause of Death. First (Primary), Caries of Spine,

Second (Immediate), Dying When Called a few hours only before death.

Duration of Last Sickness, One Year,

the above information should be furnished by the Physician.

Place of Burial, Cathedreal Cem.

Date of Burial, Dec 13 - 83

Undertaker Wm. J. Gray.

Place of Business, 65 Mulberry St. *Address,* 171 N Calvert

Geo. A. Leyndon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71733

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 71733 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margareth Meyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and Number. } # 223 Cookie St Locust Point

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, December 13

John A Kellinger M. D.
Medical Attendant.

Undertaker Wm. Lauck

Place of Business, 95 Baltimore St. *Address,* #243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71737 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1 1803 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Simms

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 171 S. Washington St.

Cause of Death, First (Primary), old age & General debility

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Decbr 14th 83

R. W. Mansfield M. D.
Medical Attendant.

Undertaker H. H. Sander & Son

Place of Business 202 Gaudy St. *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71735 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} # 257 S. Bond St.

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec 14 - 1883

Undertaker N. F. Curran

Place of Business, 53 S. Broadway

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 71736 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel A. Ayler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 *Years,* ——— *Months,* ——— *Days,*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ———

Place of Death. { Give street and Number. } 12 Down st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Haemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, Dec 13 1883

Undertaker H Ross

Place of Business, 95 Courtland *Address,* 108 S Paca st

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71787 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1883

CERTIFICATE OF DEATH.

Date of Death, December 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rena Borchardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 67 Hill St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 14th 1883

Undertaker, Dietrick, Wiegand

Place of Business, 166 Druid Hill Ave

Millikenbrogn M. D., Medical Attendant.

Address, 12 11th, Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7738 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barthol[illegible] Flynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland — 38 years

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 115 Peach alley

Cause of Death, First, (Primary,) When I saw the person yesterday morning his condition rendered diagnosis impossible. I am satisfied that he died of natural causes

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cem Cathedral

Date of Burial, Dec 15 1883

Undertaker, C F Krause & Son

Place of Business, 219 Hanover *Address,*

S L Mathews M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Permit No. 71739

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 14 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George. S. Foltz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 52 Greene St —

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Bronchitis. Ab 7 da

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 15th 1883

Undertaker, John J Andrews

Place of Business, 164 Druid Hill Ave

W. F. Steuart M.D.,
Medical Attendant.

Address, 59 N. Greene St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 71740 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margrett Germany

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 490 - Penn Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Indigestion

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Dec. 15

Undertaker Walter Immel

Place of Business, 915 W. Baltimore *Address,*

D. J. Hauck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended duritg his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71741 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 14 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th. December 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moriz Nussbicker

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months,* 13 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Tailor.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Coburg, Saxe Coburg, Germany

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and Number.} Druid Hill Avenue 110

Cause of Death, First, (Primary,) Hydrops Ascites

Second, (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16

Undertaker, Walter Emmert

Place of Business, 315 W Baltimore

William Heuisler M. D.,
Medical Attendant.

Address, S. Walker 117 S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7742 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1883

CERTIFICATE OF DEATH.

Date of Death, December 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E, Southcomb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Conductor B&OR R

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Mount Clare Depot office

Cause of Death, First (Primary), Injuries received - Run over by R R

Second (Immediate), Train. Fract Both legs - Thighs. Both Sternum crushed

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 15/83

Alexander Tunstall M. D.
Medical Attendant.

Undertaker J B Cook

Place of Business, 207 W Balto St *Address,* Cem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7743 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 14 1883 BALTIMORE

Date of Death, Dec. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby Edw. Elgert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* 13 *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 212 N. Wolf St.

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 16th

Undertaker Geo Schilling

Place of Business,

A. D. Eyel M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11747 ; *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1893

Date of Death, Dec. 11 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis B Creeran

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 16 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Grocer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 123 Aberdeen

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 14th 1893

A R Bruce M. D.
Medical Attendant.

Undertaker J P Byrne

Place of Business, Front St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71745 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Garfield Carson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 20 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 120 St Peters

Cause of Death, First, (Primary,) Pneumonia Croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, Dec 15th 1883

Undertaker, John J Meaehan

Place of Business, No 180 Caroline

A Abbott Colburn M. D.,
Medical Attendant.

Address, 943 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7746. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frankie Lizzie Bine Parents Infant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 2 Hrs ~~Days~~,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 13 Randall St

Cause of Death,

First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, 2 Hrs

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 14 83

Undertaker B. Whitacre

Place of Business, 82 West Pr

Geo. N. Dennis M. D
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11247 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Pendar

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, 52 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 97 Oak St

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) "

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 16th

Undertaker, Chas Scriven

Place of Business, 271 N Eutaw St

E Amans M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11748 *Office of Registrar of Vital Statistics.* Ward 18

DEC 14 1883 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L. Wagner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 343 Cross St

Cause of Death, First (Primary), Croup

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 16th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 210 Sharp St

W. S. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 11749 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1883

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ross Fetters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Pittsburgh Pa -

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 576 S. Charles St

Cause of Death, First, (Primary,) Enlargement of Heart.

Second, (Immediate,) dropsy

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Beechhill

Date of Burial, Dec 15/83

Undertaker, Associated Dept

Place of Business, 200 Light

Irving Miller M. D.,
Medical Attendant.

Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1776

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7758 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. DEC 15 1883

CERTIFICATE OF DEATH.

Date of Death, December 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Errand Boy.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and Number.} 64 N Howard St

Cause of Death, First (Primary), Injuries in falling into Elevator

Second (Immediate),

Duration of Last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15 1883

Undertaker Fry & Son

Place of Business, 81 N Broadway *Address,* Corner

Alexander Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71767 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1883

CERTIFICATE OF DEATH.

Date of Death, Dec: 14th/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary A. Merkell

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* 3 *Months,* 26 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 31 Harlaem Ave

Cause of Death, First (Primary), Brights disease

Second (Immediate),

Duration of Last Sickness, Six months

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 17/83

F. Jenkins M. D.
Medical Attendant.

Undertaker Wm. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 1.0.2 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7172 *Office of Registrar of Vital Statistics.* **Ward** 6-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1888

CERTIFICATE OF DEATH.

Date of Death, Decem 14' 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Watson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 8 *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} widower

Occupation Letter Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland-

Duration of Residence in the City of Baltimore, 5-5 yrs -

Place of Death, {Give street and Number.} 153 East 21 -

Cause of Death, First (Primary), Gunshot Wound -

Second (Immediate), Phthisis Pulmonalis (Result of the Gunshot-wound)

Duration of Last Sickness, 18 yrs -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 16th

Undertaker Geo Schilling

Place of Business,

David Streett M. D.
Medical Attendant.

Address, 143 N. Exeter St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

20 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7175-3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McCabe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 46 Woodyear St

Cause of Death { First, (Primary,) Chron. Bronchitis & Asthma
Second, (Immediate,) Pul. Hemorrhage

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery Lan

Date of Burial, Dec 15

Undertaker, J. J. Fahey

Place of Business,

F. J. Flannery M. D.
Medical Attendant.

Address, Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71784 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15

CERTIFICATE OF DEATH.

Date of Death, December 14 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wiegand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 127 Stiles St.

Cause of Death, First. (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, December 15

Undertaker, C. Mehl

Place of Business, 82 West St

Jno A Smith M. D.
Medical Attendant.

Address, 281 E Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11755 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1883

CERTIFICATE OF DEATH.

Date of Death, December 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 - *Years,* *Months,* *Days,*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 42 yrs -

Place of Death, {Give street and Number.} University Hospital -

Cause of Death, First (Primary), Cancer Uterus -

Second (Immediate),

Duration of Last Sickness, One year -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't

Date of Burial, December 15th

Undertaker B. Gaul

Place of Business, 82 West St

Ralph Slemmer *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7776 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Green

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 66 Years

Place of Death, {Give street and Number.} 23 Bank St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 15

Undertaker, H Russo

Place of Business,

C. D. Smith M. D.,
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11767 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank F. Lawrence ~~Frank F. Lawrence~~

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 50 Saratoga

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 17

Undertaker, C W Blizzard

Place of Business, 1980 Penn ave

Hattier M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Permit No. 7175

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R McCubbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 N Paca

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Labor. Exhaustion

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brae.

Date of Burial, Dec 17th 1883.

Undertaker, A Dickens and Co

Place of Business, Howard & Howard.

W. R. Morgan, M.D.,
Medical Attendant.

Address, 119 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Macolm W Moore

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* ~~27~~ *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 462 Lexington

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec. 16/83

Undertaker, J. B Cook

Place of Business, 207 W Balto St.

Robt K Krebs M. D.
Medical Attendant.

Address, 564 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7176 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Kimpeli

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* ~~*Days,*~~

Color, Wh

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 45 S. Eighth

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate) Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 16 83

Undertaker G. France

Place of Business, Banks & Mohr *Address,* 248 Baltimore

J Hattier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 71761

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 71761 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mal. J. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 107 Fough St.

Cause of Death, First (Primary), Infantile convulsions

Second (Immediate) .....

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Dec 16th 83

R. W. Mansfield M. D.
Medical Attendant.

Undertaker G. Franc

Place of Business, Davis & Wolf *Address* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71762 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Brown.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 382 E. Chase St.

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,) Diphtheria,

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 16 1883

Undertaker, John Hennessy

Place of Business, 382 Eutaw St. *Address,* 362 N. Broadway.

John M. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McClincy

DEC 15 1883

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 141 McCulloh St.

Cause of Death, First, (Primary,) Malignant Pustule

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmanuel

Date of Burial, Dec 17th 83

Undertaker, Hetzfeldt & Sons

Place of Business, Park Ave

Wm Wilkenson, M.D.,
Medical Attendant.

Address, 121 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7764 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles K Linder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* One *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 224 E Pleasant

Cause of Death,
First (Primary), Scarlatina
Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Dec 16 1896

Undertaker Ford Grade

Place of Business, 29 S Caroline St *Address,* 74 E Broadway

J. L. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11765 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 90 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Loudon Co Virginia

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, { Give street and Number. } 10 Druid Hill Ave

Cause of Death, { First (Primary), Second (Immediate) Rheumatism & Old Age

Duration of Last Sickness, Found dead in Bed at 5 P.M.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, Dec 16 – 83

Undertaker Wm J. Gray

Place of Business, 69 Mulberry St

Alexander Tinsley M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71766 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Taylor

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 1 yr —

Place of Death, {Give street and Number.} 16 Cairo St —

Cause of Death, First, (Primary,) —

Second, (Immediate,) Cant say Dr. only says the child was expected before death

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 16 1883

Undertaker William A Dingee

Place of Business, 62 East St

J. Harvey Steel M. D., Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71767

The Special... respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71767 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mary Lemmo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 5 Minutes *Days,*

Color, B

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 34 Little Pratt St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, E Balto Bethel Cemetery

Date of Burial, 12 Dec 1883

Undertaker E Kenstler

Place of Business, ...

Geo. N. Jenkins M. D.
Medical Attendant.

Address, Cor. of Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ecially ... respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11768 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Marion Brady

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and Number. } 11 Forrest Place

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 17 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 90 Greenmount Ave.

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1886

Permit No. 11769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th Dec 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Criminal Convict

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, Mixed *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} Penitentiary Block,

Cause of Death, First (Primary,) Inflammation of Intestines

Second (Immediate,) Perforation of Do.

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 16th 1883

Undertaker, L. W. Chase

Place of Business, 198, S. Howard st

Harry L Byrd M. D.
Medical Attendant.

Address 127 Washington ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 11770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11770 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882

CERTIFICATE OF DEATH.

Date of Death, December 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Patterson Ave

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Southwood cem'y

Date of Burial, Decem 16

Alexander Tinsley M. D.
Medical Attendant.

Undertaker Lesh & Cook

Place of Business, 707 West Baltimore *Address,* 386 Dimmock Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 1111 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wallace

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, about 2 Years

Place of Death, {Give street and Number.} 19 S. Carey St

Cause of Death, First (Primary),

Second (Immediate) Paralysis —

Duration of Last Sickness, about Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Dec. 17/83

Undertaker J. B. Cook

Place of Business, 207 W. Balto St, *Address,* 682 W. Fayette

W. R. McKeen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7177

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7177½ *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kitten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 41 Short St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Dropsy.

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 17th Dec. 1883

Undertaker Wm. J. Dill & Son

Place of Business, 183 Columbia

Francis T. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71773 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hanlon.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Pimlico Race

Date of Burial. Dec. 17/83

Undertaker, Frank McVeagh.

Place of Business, Pimlico Track.

R. McG. Goldsmith M. D.,
Medical Attendant.

Address, Darlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7774 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 11 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md. ✓

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 42 S. Madeira alley

Cause of Death, First (Primary), Hemorrhage from Varicose Vein of leg

Second (Immediate), Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Monday Dec 17 1883

Undertaker Wm. Schmidt

Place of Business, 963 Eager st

D M Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, 15 Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Wilhelmina Kulatzki

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (15 years in USA)

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 2 Chapel St. near Hoffman St.

Cause of Death, First (Primary,) Cancer Uteri

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 years (?)

All the above information should be furnished by the Physician.

Place of Burial, St Matthias Grave

Date of Burial, Dec 16 Thu 1883.

Undertaker, H. Hoffmann

Place of Business, 63 N. Eden St.

B. F. Leonard M.D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 1116 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1883

Date of Death, Dec 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Dare

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and Number.} 111 Delcame alley

Cause of Death; First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Dec 16 1883

Undertaker H Rast

Place of Business, 95 Conway st

U. S. Buxe M. D.
Medical Attendant.

Address, 2 E Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11777 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1883

Date of Death, Dec. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Philip Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Poultney St.

Cause of Death, First (Primary), f

Second (Immediate), Convulsions

Duration of Last Sickness, 18 Hours

the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Dec 17

Undertaker B. Hall

Place of Business, 82 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 229 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11718 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bunt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 Minute *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 93 Thames

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Helena

Date of Burial, Dec 18 83

Undertaker Frank Leach

Place of Business, Fells Point

Wm. H. Parsons M.D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

2

Permit No. 11779. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Burt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 Minutes *~~Days,~~*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 93 Thames St

Cause of Death, First (Primary), ...

Second (Immediate) Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Dec 15/83

Undertaker Frank Evach

Place of Business, Jefferson & Caitlin St

Geo. N. Penn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71780 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Clifford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 87 Canton St

Cause of Death, First (Primary) Marasmus

Second (Immediate) .....

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec 17 /83

Undertaker H. D. Dorsey

Place of Business, 74 S. Bway

E W Janney M. D.
Medical Attendant.

Address, 83 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7101

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7101 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1883

Date of Death, December 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rosalia Claus

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 7 *Months,* 12 *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 112 N. Broadway

Cause of Death, First (Primary), Diabetes Mellitus

Second (Immediate), Paralysis

Duration of Last Sickness, ~ 24 Hours ~

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Dec. 17. 1883

Undertaker M. A. Dougherty

Place of Business, 44 S Bway

Thomas J. Evans, M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71782 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT DEC 16 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Alexander Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 250 E. Pratt St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 16. /83

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

E. P. Irons M. D.
Medical Attendant.

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7773 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 15, 1893

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wagner

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 Years, 9 Months. Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 112 Caroline St

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Dec 18 1893

Undertaker H. Sander Son

Place of Business, 257 Eastern Ave *Address,*

J. Hecht M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11784 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1893

CERTIFICATE OF DEATH.

Date of Death, December 13th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mahala Barkley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} No 24 Aisquith St

Cause of Death. First (Primary), Tubercular Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 16

Undertaker J J Locke

Place of Business, 71 Jefferson

W. L. Russell M. D.
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7785 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Howe

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* *Days,*

Color, white

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alabama

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 140 E Pratt St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 17th 1883

Undertaker Denny & Hutchison

Place of Business, 65 S. Broadway *Address,* Bdwy & Pratt

Isabel Bowyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7786 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1883

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermine Manocka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 11 S Bethel.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 17th 1883

Undertaker, Wm A Dengel

Place of Business, 62 East St

E J Way *M. D.,*
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Gibson

Sex, ~~*Male or*~~ *Female.* { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 7, neighbor of Head Disease

Cause of Death, First (Primary), Head Disease

Second (Immediate),

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 17th 1883

Undertaker Wm A Dennis

Place of Business, 62 East, St

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 71788 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie M. Golden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* - *Months,* - *Days,*

Color,

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} V

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 495 West Hoyette Street

Cause of Death, First, (Primary,) Spinal Caries

Second, (Immediate,) Consumption

Duration of Last Sickness, Two or three Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 18th/83

Undertaker, Stewart & Mowe

Place of Business, 35 Park ave

H. P. McHenry M. D.,
Medical Attendant.

Address, 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7787 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Hechner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 days *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 160 E Green

Cause of Death,
First (Primary), ...
Second (Immediate) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 17

Undertaker Seward

Place of Business, ...

Geo. N. Benson M. D.
~~Medical Attendant.~~

Address 160 E Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 71796

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Pleit.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore and Germany

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} 68 E Washington St.

Cause of Death, First, (Primary.) Fibroma of Sacroma of Uterus

Second, (Immediate.) Exhaustion from peritonitis

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 17. 1883

Undertaker, C. Sandelson

Place of Business, 207 Eastern Ave. *Address,*

J. H. Leavitt *M.D.,*

Medical Attendant.

...act from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

...ECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...ame can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...nd date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 71791 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, 6 Dec 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes G Gaven

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} N 305 Orleans St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19th 1883

C L Mahon *M. D.*

Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 45 N Gay St *Address,* ~~Exeter~~ St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7179 2 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1883

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Ross Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 9 N. High Street

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 9 North High Street

Cause of Death, First (Primary), Thrombosis of the muscular system

Second (Immediate), cardiac dilatation of the heart

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 17th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St.

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 11793 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta D. Schulz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 56 W. Baltimore St.

Cause of Death, First (Primary),

Second (Immediate) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18th 1883

Undertaker Henry L Mears

Place of Business, 45 N. Gay St. *Address,* 73 E Balt. St.

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1117

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71794 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hugh Fitzpatrick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40yrs —

Place of Death, { Give street and Number. } 42 Mc Henry St.

Cause of Death, First (Primary), Paralysis & Bronchitis

Second (Immediate) Asthenia

Duration of Last Sickness, 2 yr —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 17th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 423 E. Lexington St —

W. Scott M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71795 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kammer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 17 E. Hamilton St

Cause of Death,
First (Primary), Measles
Second (Immediate), Meningitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 18 83

Undertaker Henry Boice

Place of Business, Hamilton St 81

Jno D Blake M. D.
Medical Attendant.

Address, 1588 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 71796 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Stanley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give street and number.} 10 Bolton St

Cause of death, First, (Primary,) Heart Disease –

Second, (Immediate,) I had not seen him for 8 months several years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 17, 83

Undertaker, J. F. Lock

Place of Business, 73 Jefferson – *Address,* 20 N. Bidale St

R. Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7797 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wright

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 5 *Days,* /

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 75 N. Durham St

Cause of Death, First (Primary), Convulsions (Catarrhal)

Second (Immediate), 3 Supposed

Duration of Last Sickness, abt 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 17, 1883

Undertaker J. J. Locks

Place of Business, 73 Jefferson st

Chas. M. Morfit M. D.

Coroner & ~~Medical Attendant~~

Address, 67 E Bute St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 71798 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1883

Date of Death, December 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Smith

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 83 yrs. ~~*Months,*~~ ..... ~~*Days,*~~

Color,

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and Number.} Home of Aged m.e. Ch. Cor. Fulton Ave & Franklin St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 17th 1883

Undertaker, John. S. Marden

Place of Business, No 158 Cand. Ave

W W Wright M. D.,
Medical Attendant.

Address, 55 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Ward 11 E

Permit No. 11799 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Sep 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation House Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Edw. Eaves 189 St Paul St near Reed

Cause of Death, First (Primary), Measles

Second (Immediate) Apparently fatal Syncope on attempting to rise from bed convalescent from Measles

Duration of Last Sickness, about one week

the above information should be furnished by the Physician.

Place of Burial, new Cathedral

Date of Burial, December 17-83

Undertaker M. J. Jordan

Place of Business, 63 park st

Wm Whitridge M. D.
(Medical Attendant.)

See remarks on back.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7180 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } I Harry Shaffer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 412 North Carey st

Cause of Death, { First, (Primary,) Second, (Immediate,) } Pulmonary Consumption 13 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17

Undertaker, J H Chalmers

Place of Business, 398 Howard St

D. P. Hoffman M. D., Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 71801 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Clendenin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 183 Franklin St.

Cause of Death, First (Primary), Consumption (inflammatory)

Second (Immediate), Asthenia

Duration of Last Sickness, Two years and nine months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 18th 1883

Undertaker New Jenkins & Sons

Place of Business, Park Avenue

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 71

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 71802 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation Retired Clergyman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 136 Mulberry St

Cause of Death, First (Primary),

Second (Immediate) Suffocated by Gas

Duration of Last Sickness, 4 or 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Ure Emmanuel

Date of Burial, Dec 18th 1883

Undertaker Hollyfield & Wm Klar

Place of Business, Park & Saratoga

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

13
46

Permit No. 71803 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1883

Date of Death, Dec 16th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert B. Felton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Opium habit.

Second (Immediate), Asthenia.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17th 1883

Undertaker Henry Mutchell

Place of Business, 530 W Fayette

Ralph Stern M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7184 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George C. Nonis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 426 Orleans St.

Cause of Death,
First (Primary), Chronic gastritis
Second (Immediate), Exhaustion

Duration of Last Sickness, 6 or 7 months

All the above information should be furnished by the Physician.

Place of Burial, Loudenr Park

Date of Burial, Dec 19/83

Undertaker Fun & Son

Place of Business, 87 N Broadway

Geo A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71805 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEC 17 1883

Date of Death, December 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cramer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* Ten *Months,* Five *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 182 Orleans Street

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, Schawly Cemetery

Date of Burial, Dec 19 83

Undertaker Frey & Son

Place of Business, 81 N Broadway

Wm H. Clendinen M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7806 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

DEC 17 1883

Date of Death, December 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eddy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 118 Bank St.

Cause of Death, First (Primary),

Second (Immediate) Old age

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 18 1883

Undertaker N. F. Burran

Place of Business, 53 S. Bowdoin

Nicholas L. Bashield, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 17 1883

CERTIFICATE OF DEATH.

Date of Death, December 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael J. Cooney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 yrs 7 months

Place of Death, {Give street and Number.} 287 S. Eutaw st

Cause of Death, First (Primary), Nitric Acid

Second (Immediate), Nitric Acid Poisoning

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 17 1883

Ellis Mitchell M. D.
Medical Attendant.

Undertaker Armstrong & Denny

Place of Business, 263 Light St *Address,* 13-8 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7808 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza L. Gibbons

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 83 *Years,* ~~Months~~, ~~Days~~,

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Widow

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, [redacted] Maryland

Place of Death, {Give street and Number.} No 317 Aliceanna St

Cause of Death. First (Primary), Cancer of the breast

Second (Immediate),

Duration of Last Sickness, 18 Months

the above information should be furnished by the Physician.

Place of Burial, W. E. Cemetery Philad Road

Date of Burial, December 18th 1883

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7150

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71809 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requesied so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick H. Egring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 46 Portland st

Cause of Death,
First (Primary), Pneumonia (double)
Second (Immediate), Asphyxia

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 18th 1883

W. L. Buckbourn M. D.
Medical Attendant.

Undertaker Geo Levinbach

Place of Business, 389 W Pratt *Address,* 166 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks on ... Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7180 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Bush

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltr

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 Woodyear st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Dec 17 83

Undertaker S. W. Chase

Place of Business, 198 S Howard *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7811 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883

CERTIFICATE OF DEATH.

Date of Death, December 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sharp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tobacco Hand

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Fract Rt & R wrist - Fell on Elevator

Dec 6. 83.

Second (Immediate). Renal Poisoning

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, H Algiers

Date of Burial, Dezemb 19

Undertaker B. Hall

Place of Business, 62 West St.

Alexander Smiley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 7812

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ridgley

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 23 Hanover St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Dece 18 /

Undertaker, H Ross

Place of Business, 95 Lombard St

R. C. Smith M.D.,
Medical Attendant.

Address, # 106 Columb. Ave

Duplicate

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7816 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jones Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 101 Hill St.

Cause of Death, First (Primary), ...

Second (Immediate) Acute Syphilis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18

Undertaker H Ross

Place of Business 9 Conway S to

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7814 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Christian

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 218 N. Carrollton Av.

Cause of Death, First (Primary), meningitis

Second (Immediate),

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19 1883

Undertaker John W Jenkins

Place of Business, 239 E Baltimore

Jno. M. Coman M. D.
Medical Attendant.

Address, 238 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7616 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Knights

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, allways.

Place of Death, {Give street and Number.} 312 Franklin St.

Cause of Death. First (Primary),

Second (Immediate), Apoplexy of left side

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Dec 18th 1883

Undertaker D Cemy and Mitchell

Place of Business, 530 W Fayette St

Louis (illegible) Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7816 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 18 1883

Date of Death, Dec 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 132 Edmonson Ave

Cause of Death, First (Primary), ...

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 18

Undertaker J. B Cook

Place of Business, 707 West Baltimore *Address,* 76 Paca St

J. H Cinney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec. 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William E Edwards

Sex, Male or Female, { Cross out the word not required in this line. } ✓

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Lieutenant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 568 West Lexington street

Cause of Death, First (Primary), Carcinoma of Spine

Second (Immediate) Cerebro Spinal Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 18

Undertaker Joseph Bloom

Place of Business, 707 W Baltimore *Address,* 561 W. Lexington St

D. Winfield Norris M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7817 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883

CERTIFICATE OF DEATH.

Date of Death, December 17th: 7:30, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena P. C. Wickersen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* 7 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} No. 749 West. Pratt st.

Cause of Death, First (Primary), Cholera-Morbus

Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Dec 18

Undertaker A. Rohde

Place of Business, 48 Penna Ave

Wm. Valentine M. D.
Medical Attendant.

Address, Cor. Columbia Ave & Reservoir st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No, 7819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Dec. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella G. Linebaker

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 13 *Years,* 8 *Months,* 6 *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, One year 3 months

Place of Death, {Give street and number.} On Barge "Avon" foot of South St.

Cause of Death, First (Primary,) Diphtheria followed by

Second (Immediate,) Acute Dilatation with Paralysis of Heart.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 19 - 83

Undertaker, Henry Mitchell

Place of Business, 561 W Fayette St

B. F. Lamb M.D.

Medical Attendant.

Address, 214 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 1720 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Tindell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* Four *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 245 W. Biddle St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Secondary Heart Complication

Duration of Last Sickness, We never saw him the day before he died. Had Scarlet fever 4 yrs ago; must have been sick a short while

All the above information should be furnished by the Physician.

Place of Burial, Barnum Bra Cem

Date of Burial, Dec 19. 83

E. E. Price & Son M. D.
Medical Attendant.

Undertaker Martin Fahey

Place of Business 128 Townsend St *Address,* 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7821 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Libbie Berhman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation — School Girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russian

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Injuries sustained by being

Second (Immediate). run over by one of Chas Lipps

horses 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Druid Road Cemetery

Date of Burial, December 18

Undertaker W. Eilar

Place of Business, 101 Gough St

H. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 71822

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Lockwood Hamil

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 30 — *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City — Life Time

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 6 Canal Alley Court

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Life Time

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec - 18 - 1885

Undertaker, W M Madden

Place of Business, 46 East St

S. Sinclair M.D.,
Medical Attendant.

Address, 512 Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

5

Board of Health, City of Baltimore,

Permit No. 7183 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sheets.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 18 Mc Elderry St. Court.

Cause of Death, First (Primary),

Second (Immediate). Peritonitis

Duration of Last Sickness, One week.

the above information should be furnished by the Physician.

Place of Burial Lamel Cemetery

Date of Burial, Dec-18-1883

Undertaker Wm H Madden

Place of Business, 46 East Dr

Francis L. Lauer M. D

Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty o the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish withi forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as th same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause an date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 7824 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norman Ward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months.* 14 *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 57 Union st

Cause of death, First, (Primary,) Thrush

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18. 83

Undertaker Alf Hensley

Place of Business,

C. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 71825. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother's name Anna Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 101 Hill St.

Cause of Death, First (Primary), Acute Nasal Catarrh

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18 1883

Undertaker Jacob Jarvis

Place of Business, 103 Lee St

L. M. Hall. M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 7826 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Conrad

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Years, 1 Months. Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 218 Wolfe St

Cause of Death, First (Primary), Prematurity Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, 19 Dec. 18 83

Undertaker G. Franc

Place of Business, Frank & Wolf *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Richter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 11 S Durham St

Cause of Death, First (Primary), Spasms Eclampsia

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Evangelical Cem

Date of Burial, Dec 18th 1883

Undertaker H. Saudlesser

Place of Business, 252 Caroline Address, [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7125 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 16'

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 60

Place of Death, {Give street and Number.} 61 Clarkson al

Cause of Death, First (Primary), Asthma

Second (Immediate), Asthma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Dec 19 1883

Undertaker H Poole

Place of Business, 95 Conway St

R. Ritchie M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...rty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...ne can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11829 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Neubner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} #329 Dallas st.

Cause of Death, First (Primary), Aneurism of large vessel near the heart

Second (Immediate),

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 19th 1883.

Undertaker Adam Finck

Place of Business, 476 N. Gay St.

Ger. A. Hartman M. D.
Medical Attendant.

Address, #305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7832 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Johnson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* 1 *Days,* 13

Color, ed

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ballto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 98 Elbow Lane

Cause of Death, First (Primary), Aneurism of Aorta

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, 4 months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, dec 19 1883

Undertaker H D Tise

Place of Business, 95 Conway

Wm Luckett *M. D.*
Medical Attendant.

Address, 170 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 7183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 13 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 18/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dunn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary.) Pneumonia —

Second, (Immediate.) Hepatization —

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Dec. 19/83.

Undertaker, Frank McVey.

Place of Business, Sisson & Townsend.

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No 71832 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, December 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore H Winchester

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* { Cross out the word not required in this line. }

Occupation Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Brooklyn N Y

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Asthma

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 13th 1883

Undertaker Jno M Ginnis

Place of Business 43 Bowman St

J G Connolly M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7833 ; *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} John Daniel Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* / *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 75 Eastern Av.

Cause of Death, First (Primary), Croup (Diphtheritic)

Second (Immediate),

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Decemb. 20th 1883

Undertaker Leonhard Kurz

Place of Business, 27 S Bond St. *Address,* 1143 Aliceanna St

John A. Kelburgn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 71834 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Coutel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, W.

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Brass Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 7 Clay

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 20 1883

Undertaker, C K Krause

Place of Business,

T. E. Shatard M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 18^th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ziglemier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number} 260 S. Paca St.

Cause of Death { First, (Primary,) — / Second, (Immediate,) Old Age

Duration of last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 20 1883

R. C. Lee M. D.
Medical Attendant.

Undertaker, C. F. Krauss & Co

Place of Business, 169 Hanover *Address,* Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 7836 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Hillsleger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~29~~ *Years,* 6 *Months,* 11 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 222 Alice Anna st.

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, Five days,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem.

Date of Burial, Dec. 19. 1883

Nicholas L. Dashiell Sr. M. D.
Medical Attendant.

Undertaker H. Sandy & Son

Place of Business Canton Ave *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of thi

Board of Health, City of Baltimore,

Permit No. 7837 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 19 1883

Date of Death, December 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} No 223 Cookson St

Cause of Death, First (Primary), Puerperal Septicaemia 6 days

Second (Immediate), after Childbirth

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 19 1883

Undertaker, Snyder & Son

Place of Business, 252 Canton Av *Address,* 12 S Eden st

L A Wunderlich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7836 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 19 1899

Date of Death, Dec 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Driscoll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 826 Eastern ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 20th

Undertaker W J Clark

Place of Business,

Wm. R. Dawson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7189 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, December 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Lourdeu

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventeen *Years,* Five *Months,* ten *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} #521 Baker St

Cause of Death, First, (Primary,) Haemophilia (Haemorrhagic diathesis)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, All his life — last attack about one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 20th 1883

Undertaker, Charles Scrivener

Place of Business, 271 Eutaw St *Address,* No 1 North Av

A C Pole M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7/8410 *Office of Registrar of Vital Statistics.* Ward 26

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, December 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A. Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 9 *Months,* 21 *Days.*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Ot Servin

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 5 Greenmeadow

Cause of Death, First, (Primary,) Phthisis Pulmonis

Second, (Immediate,) " "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Shanpst Cemetery

Date of Burial, Dec 20 1883

Undertaker, A J Hemsley

Place of Business,

W. W. Browne M. D.,
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 71841 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883

CERTIFICATE OF DEATH.

Date of Death, December 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Marden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} N.E. Cor S. Exeter & Watson Sts

Cause of Death, First (Primary), 3 Diptheria

Second (Immediate), 3

Duration of Last Sickness, abt 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Dec 20th 1883

Chas M. Morfit M. D.
Medical Attendant.

Undertaker Thos J Meagher

Place of Business, 611 E Balto *Address,* 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 71842 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 23 Borough St

Cause of Death, First (Primary). Measles

Second (Immediate). Laryngeal Diphtheria

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec. 20

Undertaker B. Hurley

Place of Business, 82 West St *Address,* 989 Light St

Robert S. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 11843 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunguntha Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and Number.} Cor Gay & Chew Sts.

Cause of Death, First (Primary), Consumption Lungs.

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 Dec 1883

Undertaker H Schmidt & Son

Place of Business, 263 Eager St

J H Robinson M. D.
Medical Attendant.

Address, 75 N Gammon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 11844 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Cerebral Effusion (?)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 19

Undertaker, C A Blizzard

Place of Business, 198 Penna

Geo. E. Latimer M. D.,
Medical Attendant.

Address, ~~18~~ 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71845 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Roy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Congenital Debleness

Second, (Immediate,) Wasting

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 19

Undertaker, C H Blizzard

Place of Business, 198 Lem ave

Wm. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 11846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Dahlweiner

~~Sex~~ *Male or Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 172 Vine St

Cause of Death { First, (Primary,) Morbilli
, { Second, (Immediate,) Pneumonia — Asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 21/1883

{ *Undertaker,* J. B. Cook

{ *Place of Business,* 707 W. Balto St

H. Stillwell M. D.
Medical Attendant.

Address, 37 Wayne Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7847 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Flack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 491. W. Lombard

Cause of Death. First (Primary), Pneumonia

Second (Immediate).....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 20/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 283. W. Lombard

Edw'd F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7848 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Ruppert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 89 S Broadway

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 20th 1883

D M Cathell M. D.,
Medical Attendant.

Undertaker, John Sherwig

Place of Business, 382 Orleans St *Address,* 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 11849 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Harper

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 21 *Years,* 2 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 11 Harris alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel st Cemetery

Date of Burial, Dec 16 1883

Undertaker, William N Dorsey

Place of Business, No 62 East N

C. W. Warner M. D., Medical Attendant.

Address, Broker & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71860 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel McDonald

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 7 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 20 Vincent Ave.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Harpers St Cemetery

Date of Burial, Dec 19 1883

Undertaker, William Burge

Place of Business, No 62 East St

J. [illegible] M. D.,
Medical Attendant.

Address, 322 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

18

Board of Health, City of Baltimore,

Permit No. 71851

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Vitt

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ×

Place of Death, {Give street and number} 418 Lexington

Cause of Death { First, (Primary,) Pneumonia
, Second, (Immediate,) " Asphyxia

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 21st/83

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

J. Chew Worthington M. D.
Medical Attendant.

Address, 373 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71852 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and Number.} 236 N. Front

Cause of Death, First, (Primary,) Heart Disease & Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Dec 20 1883

Undertaker, James O'Byrne

Place of Business, No 63 N Front St

E. B. Tuthy M.D.
Medical Attendant.

Address, Cor Edmondson Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

Permit No. 7183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18. Dec. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Wroten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Propogator of Fish

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 424 S. Paca St

Cause of Death, First (Primary,) Cancer of Larynx

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, December 20th

Undertaker, Wm. J. Pickner

Place of Business, 65 S. Eutaw St

Richd Henry Thomas M.D.
Medical Attendant.
Physician to Free Dispensary
Address Chief Dep. 120 N. Eutaw
209 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 71852 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Fortman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 3 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 38 Wright St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday

Undertaker Herring

Place of Business, 382 Orleans St

J. H. Robinson M. D.
Medical Attendant.

Address, W. Pratt & Green Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board [illegible]

Permit No. 7185 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 20 1883 BALTIMORE

Date of Death, Dec. 19th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 313 Harford Ave

Cause of Death, First (Primary), Cancer

Second (Immediate),

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st

Undertaker Geo Schilling

Place of Business,

W. B. Billingslea M. D.
Medical Attendant.

Address 206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7656 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Duffy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 118 S. Durham

Cause of Death,
First (Primary), Dropsy
Second (Immediate), Uremia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 21st 83

Undertaker G. Franc[illegible]

Place of Business, Pauls & Mott *Address,* 299 E Baltimore St

Saml E Dennis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7157 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 – 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Boulet

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 11 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 198 North Chester St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Ulcerative Stomatitis

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial. Dec 20th 83

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 192 Aisquith St

D. V. Moyer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 71858 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, December 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Diehl

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 17 *Years,* 3 *Months,* 9 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 267 S. Wolf st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Three years

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 21st 83

Thomas B. Evans M. D.
Medical Attendant.

Undertaker G. France

Place of Business, Pan Ha Wh *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 7139 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Deer -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 - *Years,* *Months,* *Days,*

Color, Wh -

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation, Barkeeper -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 49 Frederick Ave

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Hemorrhage -

Duration of Last Sickness, 3 months -

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st 1893

Undertaker, Henry L. Mears

Place of Business, 45 N. Gay St - *Address,* 49 Frederick Ave -

Gustav Ruhl, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7/860 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lady Crockard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. Carolina.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and Number.} Col. O'Donnell's Livery

Cause of Death, First (Primary), was Called to see this Indiv

Second (Immediate), at 1 Oclk A.M. was dead of Rheumatism

Duration of Last Sickness, Death Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Int Council

Date of Burial, Dec 21/83

Undertaker Fry & Sons

Place of Business, 57 h Broadway

E. J. Williams M. D.
Medical Attendant.

Address, 55 Ellis N St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

3

Permit No. 7186 ; *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Wade~~ John Williams

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Marine

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Penna

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and Number.} 109 S. Caroline St.

Cause of Death, First (Primary), Intussusceptim of bowel

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 21st

Undertaker W Hepfer

Place of Business,

R W Mansfield *M. D.*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7862 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Coxen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 19 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 197 East ave

Cause of Death, First (Primary), Diphtheria Malign

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mound

Date of Burial, Dec 20th

Undertaker W. Kipp

Place of Business, 13 S Bond

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71863.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. H. Liddens

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 109 Pierce St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion -

Duration of Last Sickness, Ten months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 20 1883

Undertaker, H H Chase

Place of Business, 198 Howard St

E K Quinck M. D.
Medical Attendant.

Address Dr. Cullough & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 1 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7786 7 *Office of Registrar of Vital Statistics.* rd 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, December 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah Catherine Parker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 9 *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 111 Green willow Court

Cause of Death, First (Primary). Catarrhal Phthisis

Second (Immediate).

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Sharpton

Date of Burial, Dec 20 1883

Undertaker S. W. Chase

Place of Business, 98 Hanover St

F. B. Mickle M. D.
Medical Attendant.

Address, 138 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7866 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lotz Franke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 11 Bartlett Ln

Cause of Death, First (Primary),

Second (Immediate) Scarlatina Fever

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 21 83

Undertaker Philipp F. Dill

Place of Business, 183 Columbia Ave

A. L. Shain M. D.
Medical Attendant.

Address, 307 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7866 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Pumphrey.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 13 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 195 Lemmon St.

Cause of Death, First (Primary), Pneumonitis.

Second (Immediate), Acute Bronchitis.

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1883

Undertaker H. Ross

Place of Business, 90 E. Monument *Address,* 2252 N. Lombard

A. G. Watts, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7107

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7867 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12 th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Col. Elijah Glanebury

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 92 *Years,* 9 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation Retired

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 75 years

Place of Death, { Give street and Number. } 431 Central Avenue

Cause of Death, First (Primary), general disintegration and old age

Second (Immediate), Old age.

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 22. 1883

Undertaker M A Daiju

Place of Business, 74 S. Bway

W Hilton Thayer M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 7868 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 20. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mercie M. Snow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 459 East Lombard St

Cause of Death, First (Primary), abdominal Tumor

Second (Immediate), Remits exhaustion

Duration of Last Sickness, (9 years) ten in attendance 4 days

All the above information should be furnished by the Physician.

Place of Burial, Harwich Mass.

Date of Burial, Dec. 22. 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Bond

J. L. Bourgeois M. D.
Medical Attendant.

Address, Bond & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 71869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18 — 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Abrams

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 6 Broad Alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Harwood

Date of Burial, Dec 20

Undertaker, Wm Eaton

Place of Business,

F. F. Moyer M.D.,
Medical Attendant.

Address, 45 Eastern Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 71870 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

☞. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, December 18th 83 2¼ Hd6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jorgas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 4 *Months,* 12 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 56 N. Eden Street

Cause of Death, First (Primary) Diabetes Mellitus

Second (Immediate) Diabetic Coma

Duration of Last Sickness, Seven (7) Months

the above information should be furnished by the Physician.

Place of Burial, Evangelical Luth.

Date of Burial, Dec. 20th 1883

Undertaker H. Sanderson

Place of Business 252 Canton Ave

C. W. Glover M. D.
Medical Attendant.

Address, 56 Eden Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 7187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Johnson

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, colored

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 7 Oxford Ave.

Cause of Death {First, (Primary,) / Second, (Immediate,)} Consumption

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 20

Undertaker A. Hemsley

Place of Business 116 Richardson

F. P. Heller M. D.
Medical Attendant.

Address, 146 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

8

Permit No. 7872 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 19 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 64 Fremont Ave.

Cause of Death, First (Primary), Measles with Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Fremmount

Date of Burial, Dec 21/83

Undertaker Geo Schilling

Place of Business, ...

J H Robinson M. D.
Medical Attendant.

Address, 751 Fremont Ave

Extract from Regulations of the Board of Health to Secure a full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7183 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 2 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rogers

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* one *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation V

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, about 18 months

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 20th

Undertaker Chas Scriven

Place of Business, 271 Eutaw St

WEST M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 71874 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 20 1883

Date of Death, Dec. 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Achart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days,*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 534 the Sedenwyth Infirmary

Cause of Death, First (Primary), Enteritis Infantum

Second (Immediate), ...

Duration of Last Sickness, 1 da

All the above information should be furnished by the Physician.

Place of Burial, Bald Courtage

Date of Burial, Dec 21/83

Undertaker C E Rau

Place of Business, 62 1/2 W Balt St *Address,* 245 S Mo

E Hunter *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 71815 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Tony Laurence

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~5~~ *Years,* ~~5~~ *Months,* 5 *Days,*

Color, Col.

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ken

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 126 E. Cable

Cause of Death, First (Primary), Tetanus neonatorum

Second (Immediate), Edampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec 20th 83

Undertaker G. Trance

Place of Business, Park & Mt Royal Ave *Address,* 1 & E Mts

Thomas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and f death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7876 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 2 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Wilson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 255 Edmondson Avenue

Cause of Death, First, (Primary,) Nephritis.

Second, (Immediate,) Uraemic Poisoning.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec 21-83

Undertaker, Denny & Nuthkins

Place of Business, 536 W. Fayette St. Address, 137 N. Carrollton Av.

J. W. C. Cuddy, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 7877 *Office of Registrar of Vital Statistics.* Ward 6th C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W Crosby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 168 N Chester

Cause of Death, First (Primary), Measles

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 21st 1883

Undertaker Thos L Hughes

Place of Business, 611 E Balto St

J Ridgway Andrc M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 7678 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Keys

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and Number.} Little Biddle way

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 21st 1883

Undertaker Wm McGuigan

Place of Business, 62 East, St

G. Glanville Luke M. D.
Medical Attendant.

Address, Balt. & Frank. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 71677 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, December 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Steiner

Sex, Male ~~Female~~; {Cross out the word not required in this line.} Male

Age, 46 *Years,* 2 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Plasterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} No 5. Bloodgood Court

Cause of Death, First (Primary), Phthisis

Second (Immediate) Valvular Disease of Heart

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 22nd 1883

Undertaker Th. Oswald

Place of Business, 35 S. Eutaw *Address,* 218 Broadway

C. H. P. Yeats M. D.
Medical Attendant.

Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7188 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Paulus

Sex, Male or Female, {Cross out the word not required in this line.} ~~Months,~~ ~~Days.~~ 1

Age, 66 Years,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black-smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} 313 N. Central Ave.

Cause of Death, First, (Primary.) Senile Gangrene

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial St. James Ch

Date of Burial, December 24 188

Undertaker, Henry Hoerle

Place of Business, 1 & 309 N. Central Av, *Address,* Cor. Eden & Biddle Sts.

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 71881 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, December 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hardin

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 11 Hafferns Court

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 22 — 1883

Undertaker, W. W. Madden

Place of Business, 46 East

C. D. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No 7882 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, 19th December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation House-Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 254 West St.

Cause of Death, First (Primary), Asthenic dropsy from general debility

Second (Immediate) Hydro-thorax & Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 22-83

Undertaker Samuel Dare

Place of Business, 92 Edward st

C. C. [illegible] M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11883 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 21 1883

Date of Death, Dec 19 = 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fairfax

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, ~~Col~~

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} W Va.

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and Number.} 11 Bruce St

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, Dec. 21 1883

Undertaker, [illegible]

Place of Business, [illegible] Howard St *Address,* 256 N. Eutaw

John Nutt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7884 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st December 1883

DEC 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widow

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 164 S. Howard St.

Cause of Death, First (Primary), Acute Inflammatory Rheumatism

Second (Immediate), Ischuria Vesicalis et cauca

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp

Date of Burial, Dec. 22 1883

Undertaker S. W. Chase

Place of Business, 98 Lombard St

T. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7885 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Estell Gregory.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 363 William St.

Cause of Death,

First (Primary),

Second (Immediate), Pseudo-membranous Laryngitis. Env evidence of diphtheretic

Duration of Last Sickness, 4 days.

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 21/83

Undertaker Saunders Bro

Place of Business, 363 W. Lee St. *Address,* 152 Sharp St.

R. J. H. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7886 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE DEC 21 1883

Date of Death, Dec 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pulmonary Effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 20

Undertaker, C W Hyzond

Place of Business, 132 Pulaski

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 871 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7887 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 21 1883

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Oriole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life (Probably)

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Congenital Debleness

Second, (Immediate,) Wasting Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, Dec 20

Undertaker, C M Blizzard

Place of Business, 198 Hanover

Tho. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 18 7/8858

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th " 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A. Dixon

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ~~*Days.*~~

Color, Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} # 6 Stockholm

Cause of Death, First, (Primary.)

Second, (Immediate.) Brain Fever

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hollyfield Cemetery

Date of Burial, 20th " Dec. 1883.

Undertaker, H Ross

Place of Business, 95 Conway St

R. C. Smith M.D.,

Medical Attendant.

Address, # 106 Col. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

10

Permit No. 71889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 19. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry John Hemmen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 134 Saratoga St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home.

Date of Burial, Dec 21st 1883.

Undertaker, A. Diderus & Co

Place of Business, Howard & Madison. *Address,* 1174 Monument

W. R. Lingan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 71890 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, December 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Wailes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} # 132 South Eden St

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 21. 1883

Undertaker C. Sandey & Son

Place of Business, 257 Canton Ave. *Address,* #29 Augusta St

Samuel F. Powell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5

Permit No. 71891

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Bauscher,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} ✓

Occupation, Housewife,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 Milliman St.

Cause of Death, First, (Primary.) Pneumonia (Croupous)

Second, (Immediate.) Exhaustion (Heart)

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, M C Cemetery

Date of Burial, Dec 22/83

Undertaker, Fly & Bro

Place of Business, 711 Broadway

J. W. Chambers M.D.,

Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7189 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 20/ 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arbod Bahlmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* ... *Months,* ... *Days,*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Due good

Place of Death, {Give street and Number.} 66 Aberdeen St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate) Exhaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 21 st

Undertaker H. C. Wiedefeld

Place of Business, 60 Greenmount Ave *Address,* 77 & Eutaw

J. L. Whitten M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 7893 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bell Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 160 East St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

the above info mation should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 21 1883

Undertaker James A Byrne

Place of Business, No 63 N Front St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7894 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip E Townsend

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 175 Scott St

Cause of Death, First (Primary), Measles

Second (Immediate) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 22nd 83

Undertaker C. P. Branderson

Place of Business, 209 Hanover. *Address,* 146 Hanover St

Edward Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 71796 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19½ 1895 DEC 21 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Earnest W Shulman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 Mths

Place of Death, {Give street and Number.} 46 E Baltr St

Cause of Death, First, (Primary,) Gastro intestinal inflammation

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 21. D. Riordan *M. D.,*

Undertaker, Walter Insell Medical Attendant.

Place of Business, 315 W. Baltr Address, 52 S Pen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co

Board of Health, City of Baltimore,

Permit No. 7876 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E Berger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* 24 *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bar Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 84 Amity St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial Dec. 23. Louis Chas Hom M. D.

Medical Attendant.

Undertaker Walter Emmel

Place of Business, 315 W. Biddle *Address,* Mulberry & Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 71897. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos J Burklen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 65 *Months,* 11 *Days,* 1

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —— Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 38 McHenry St

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, Dys. Coma.

All the above info ma[illegible]

Place of Burial [illegible]

Date of Bu[illegible] 21st 1883. Thos J Bland M. D.

Medical Attendant.

Undertaker B. N. Toell

Place of Business, 113 Hanover *Address,* 158 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 71898 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Müller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 1 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} 172 Hanover St

Cause of Death, First (Primary), Diphtheria Fever

Second (Immediate), Hemorrhage (Tuberculosis)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 22 Th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 46 Hanover St

Stafford Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 71899 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 21 1883 BALTIMORE

Date of Death. Dec. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Merzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 187 E. Lombard St

Cause of Death, First (Primary), Pneumonia followed by

Second (Immediate), Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 22nd

Undertaker Fred Lord

Place of Business, 298 Gardner *Address,* 1113 Aliceanna St

John H. Kelley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 11900 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Christopher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 199 Saratoga St.

Cause of Death, First (Primary), Pneumonia Hemorrhage from

Second (Immediate) the Nose & Uterus.

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 26th 1883

Undertaker F. Keerl Schaefer

Place of Business, 109 N Pennsa Address 273 Lexington St

John D. A. Frost M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respect[illegible] Blanks Below, and to Li[illegible]

Board of Health, City of Baltimore.

Permit No. 7190 / *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days,*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. County

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 57 Sloden Alley

Cause of Death, First (Primary), Pyaemia

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, Dec 19

Undertaker F Kerchner

Place of Business,

Geo W Simm M. D.

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7902 — *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 43 Monroe ab

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 Monroe ab

Cause of Death, First (Primary), ...

Second (Immediate) Suffocated —

Duration of Last Sickness, 2½ hours

All the above information should be furnished by the Physician.

Place of Burial, M C

Date of Burial, Dec 20

Undertaker S Kerdaner

Place of Business, ...

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

14

Permit No. 7193

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Duckett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Accomac Co Va.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 20 Canton St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, MP

Date of Burial, Dec 21

Undertaker, F Kerdiman

Place of Business,

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 11964 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 21 1883

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Etna Hann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 74 S. Eden

Cause of Death, First, (Primary,) diphtheria

Second, (Immediate,) Convul

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Dec 22/83

Undertaker, J. B. Cobb

Place of Business, 907 W. Balto St. *Address,* 206 N. Carrollton Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7190 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Wright.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 4. *Years,* 3. *Months,* 20. *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 1 S Shroeder st.

Cause of Death, First (Primary), Laryngo-tracheal Diphtheria.

Second (Immediate), Dyspenaea

Duration of Last Sickness, 6 days.

the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 22/83

Undertaker J B Colk

Place of Business, 707 W. Balto St.

John D Pennington. M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 71906 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md Life

Duration of Residence in the City of Baltimore, ~~Nursery & Childs Hospital~~

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21

Undertaker, C M Blizzard

Place of Business, 198 Pine ave

Tho. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 71907 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Burns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Employee - B & O. R. R. Co

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Abt 35 yrs

Place of Death, {Give street and Number.} 348 William St

Cause of Death, First (Primary) Accidentally run over - on B & O. R. R.

at Locust Point - Dec - 19th 1893

Second (Immediate) injuries received -

Duration of Last Sickness, Died abt 6 hrs after the accident

All the above information should be furnished by the Physician.

Place of Burial, St Peters C

Date of Burial, Dec 21

Undertaker B. Ward

Place of Business, 82 West St

Geo. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 11908 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Goodman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 328 Little Vine St

Cause of Death, First (Primary), Consumption

Second (Immediate), 2 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shasket

Date of Burial, Dec 21 83

Undertaker W J Dunger

Place of Business,

Geo. H. Dunson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o.

Board of Health, City of Baltimore.

Permit No. 7989 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs J. A. Harper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 236 N. Lombard

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), and Paralysis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 22d 1883

Undertaker J. E. Monaghan's

Place of Business, 320 Penna Ave

Chas F. Culbreth M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7915 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 22 1883

Date of Death, Dec. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie L. Boze

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventeen *Years,* *Months,* ~~*Days,*~~

Color, Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Waitress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} No. 192 George St.

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, Dec 22-5 P-3

Undertaker W. H. Bishop Jr

Place of Business, 97 Druid Hill Ave

F B Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7191 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation white washer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maucbridge Md.

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and Number.} 140 S. Dallas St

Cause of Death,
First (Primary), Inflammation of Stomach
Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, N. Shurey.

Date of Burial, Dec. 22

Undertaker J. J. Locke

Place of Business, 73. Jefferson st

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane McKay Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liverpool England

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 200 ½ E. Pratt st

Cause of Death, First (Primary,) Adhesions Disease

Second (Immediate,) Uraemic Intoxication

Duration of Last Sickness, 12 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 22 83

I Edward Kelly M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore st *Address* 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71913 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bradley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 *Years,* 7 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Gilder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 824 S. Caroline Street

Cause of Death, First, (Primary,) Paraplegia

Second, (Immediate,) Cystitis —

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, DEC. 22" 1883

Undertaker, M. A. Daiger

Place of Business, Address, 417 E. Fayette Street

James F. Shane M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7917 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Fitzgerald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 4 *Months,* 16 *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Hanover & Clement Sts. L. P. Md.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec. 23/83

Undertaker Jn. A. Daiger

Place of Business, 714 E. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 7195

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ridgley

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} f

Age, 1 *Years,* ~~*Months,*~~ 21 *Days.*

Color, Col'd.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Throughout

Place of Death, {Give street and number.} #23 Fawn St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Dec. 22d 1883.

Undertaker, Mr. Ross

Place of Business, # — Conway St.

R. L. Smith M.D.,

Medical Attendant.

Address, #106, Columbia Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7196 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December - 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Bullard -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 8 *Months,* - *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} MD

Duration of Residence in the City of Baltimore, about 25 Years

Place of Death, {Give street and Number.} Frank & Elbow - Lane

Cause of Death, First (Primary) Accidentally run over - by Balt City Fire Truck No - 2 -

Second (Immediate) Injuries received -

Duration of Last Sickness, Died about 7 or 8 hours -

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 22nd

Undertaker H. N. Gould

Place of Business, #131 Hanover Address, 101 So Eutaw St

Signature: Lud Bell M. D.

Medical Assistant

Coroner - So Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7197 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22? 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacobine Lenhardt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days,*

Color, Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 56 yrs

Place of Death, {Give street and Number.} 15 E. Fourth

Cause of Death,

First (Primary), Intussusception

Second (Immediate), Ileus

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th 1883

Undertaker John Lake

Place of Business, 166 E. Baltimore St

J. Turner M. D.
Medical Attendant.

Address, 245 S. Bethesda

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7198 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. S. F. Schweinberg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 Exeter St

Cause of Death, First (Primary),

Second (Immediate) Croup.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 23 Rd 1883

Undertaker Julius Koehler

Place of Business, Park & Cross St *Address,* 248 N Lombard St

E. R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7199 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Chambly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 3 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 172 E. Fayette St.

Cause of Death, First (Primary), Broncho Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 23rd 1883

Undertaker [illegible]

Place of Business, [illegible]

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7192 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Hooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 131 Orleans st

Cause of Death, First (Primary). Measles

Second (Immediate). Congestion Lungs &c

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 23, 1883

Undertaker Wm H Hickman

Place of Business, 234 N. Gay St.

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 22/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Steinick

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Manchester Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} 162 Pennsylvania Ave.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Uremia

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Manchester Md.

Date of Burial, Dec 22

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 315 West Bdle St. *Address,* 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71922 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Straus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty-six *Years,* Two *Months,* ~~Days~~,

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Restaurant-Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles St. No. of. South

Duration of Residence in the City of Baltimore, Twenty-six years 2 mos

Place of Death, {Give street and Number.} No. 10 Penna Ave.

Cause of Death, First (Primary), Albuminuri

Second (Immediate), Uremic Poison

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Balt. Cemetery — J. G. Keller

Date of Burial, Dec. 23. — J. B. Gardner M. D.

Medical Attendant.

Undertaker Walter Emmel — 188 Franklin St.

Place of Business, 315 W. Pedda — Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7923 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Paul Hollacy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 712 E. Madison St

Cause of Death,
First (Primary), Pseudo membranous croup
Second (Immediate), Asthenia

Duration of Last Sickness, Twelve (12) Days

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24th

Undertaker Geo Schilling

Place of Business,

T. O. Selbert M. D.
Medical Attendant.

Address, 1 E Eager St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7127 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dast

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 2 *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Stockkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, Hesse Darmstadt 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Sarah Anne St

Cause of Death, First, (Primary,) Cardiac -

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 24th 1883

Undertaker, John S. Mackey

Place of Business, No 150 Camden *Address,* 55 N Eutaw St

W. F. A. Kemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71925 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 22 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Martini

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and Number.} 65 Loughton

Cause of Death, First (Primary), Gangrene senilis

Second (Immediate) Amputation of leg; Exhaustion

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 22 th

Undertaker W Leippel

Place of Business,

J Mathews M. D.
Medical Attendant.

Address, 245 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7926 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 189 S. Bond

Cause of Death, First (Primary), Pseudo-Membranous Croup

Second (Immediate), Spread

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Com

Date of Burial, Dec 23 86

Undertaker W. Lipp & Co

Place of Business, *Address,* 449 S. Bond

J. R. Winters M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7927 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Levine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~ Orphan

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} Hebrew Orphan Asylum of Balto. at Calverton

Cause of Death, First (Primary),

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Jew's Road Cemetery

Date of Burial, December 22 E. Meiers M. D.

Medical Attendant.

Undertaker Wm Eilau

Place of Business, 101 Gough *Address,* 427 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7192 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21, ~~ft~~ 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Shuck

Sex, Male or Female, {Cross out the word not required in this line.} 5 Years Female

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 40 E. Pratt

Cause of Death, First (Primary), Croup membranous

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Wanderer.

Date of Burial, Dec 22. /83

Samuel E. Dwinelle M. D.

Medical Attendant.

Undertaker H. Lander & Son

Place of Business 253 Eastern Ave Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 11959 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances A. Lee

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ~~For~~ One month

Place of Death, { Give street and Number. } 13 Hollins St

Cause of Death, First, (Primary,) Bright's Disease of the Kidneys

Second, (Immediate,) Cardiac Dyspnoea

Duration of Last Sickness, ~~Four~~ Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Del

Date of Burial, Dec 23rd 1883 J. E. Atkinson M. D.

Medical Attendant.

Undertaker, A Dickens and Son

Place of Business, Howard and Madison *Address,* 223 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7930 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Beaty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co—

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, — — —

Undertaker John W Jackson

Place of Business, Cor Eutaw

Geo J Cokery M. D.
Medical Attendant.

Address, 188 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore, 910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Bishop

Sex, ~~Male~~ or Female, {Cross out the word not reqoired in this line.}

Age, 70 *Years,* — *Months,* — *Days.* 7

Color, Negro

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Mary Co Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 53 Gravel alley

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, about a Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec [illegible] 83

Undertaker, Morgan Pye

Place of Business, Mulberry St

Thos J Kessel M. D.
Medical Attendant.

Address 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7197 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 et

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Woodbrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 5 N Durham

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem

Date of Burial, Dec 22/83

Undertaker Brady

Place of Business, Jefferson Court

Geo. W. Dixon M. D.
Medical Attendant.

Address, Cor of Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 11933 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Boone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 184 Hughes St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Christ Cemetery

Date of Burial, Dec 23/83

Undertaker, Jacob Jones

Place of Business, 1632 Aisquith

I. E. White M. D.,
Medical Attendant.

Address, Baltimore Professional

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71934 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec: 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Asbury Harris'

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days,*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Packer in Wholesale Tin-house

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rider's Switch - Balto: Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 72 St Mary's St

Cause of Death, First, (Primary,) Pneumonia —

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Days only

All the above Information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Dec 23 1883

Undertaker, J W Chas

Place of Business, 198 S Howard St

A. H. Smith M. D.,
Medical Attendant.

Address, 178 Madison St W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71956 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Powell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Errand Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} ~~No~~ 82 N. Calvert St

Cause of Death. First (Primary), Typhoid Pneumonia

Second (Immediate), Embolism Pulmonary Artery

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24th 1883

Undertaker Kemp Bro

Place of Business,

Wm. B. Keyser M. D.
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry Directed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71936 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Strong Talbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 21 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 3 mo 21 days.

Place of Death, {Give street and Number.} 11 Vincent alley

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 23rd 1883

Undertaker, W R Dungee

Place of Business, 62 East

J M Wright M. D.,
Medical Attendant.

Address, 55 Gilmor st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71987 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Boardley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* Eight — *Months,* ~~—~~ *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and Number.} 129 Sarah Ann St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Measles

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 28th 1883

Undertaker, H N Dungee

Place of Business, 62 East

W. L. Jones M. D.,
Medical Attendant.

Address, Balto. Cen. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7938 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* 2 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus —

Second (Immediate) Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, Dec. 23d, 1883.

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker Frank McVey,

Place of Business, Division & Lanvale *Address,* Harlem Av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/939 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenia Madden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 57 Laburg St.

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 23/83

Undertaker Alex Hemsley

Place of Business, 116 Orchard

H. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71940 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Bowes

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's County

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and Number.} No 1605 Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Dec 23 1883

J. C. Burch *M. D.,* Medical Attendant.

Undertaker, C. F. Krauss Son

Place of Business, 209 Hanover St *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11911 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob H. A. Todd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 274 Gough st.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Effusion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec. 24. 1883

Undertaker M. A. Darger

Place of Business, 44 S. Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, *1305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11942 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Subjak

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 260 Alice Anna St

Cause of Death, First (Primary), Intestinal Convulsions

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsos Cc

Date of Burial, Dec 23 / 1883

Undertaker Wendling & Dippel

Place of Business, 152 S Bond St

John H. Kelberg M. D.
Medical Attendant.

Address, 1163 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wm. Smith Convulsions a few hours

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7943 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 25 Clinton Ave.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Three weeks

the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetary

Date of Burial, Dec 24

Undertaker A Bolde

Place of Business, 48 Pennsylvania Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, Black

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 years?

Place of Death, {Give street and number.} 247 Orleans St.

Cause of Death, First (Primary,) Debility from old age.

Second (Immediate,) Shock from a fall.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 23

Undertaker, J. F. Locke

Place of Business, 713 Jefferson St

J. F. Leonard *M. D.*
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11943

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 11945 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1903

CERTIFICATE OF DEATH.

Date of Death, December 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Burk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Brick Layer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 66 Eddmans Ct

Cause of Death, First (Primary),

Second (Immediate) Heart disease

Instantly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Marys, Govanstown

Date of Burial, Dec 23d

Undertaker H.C. Wiedefeld

Place of Business, 90 Greenmount Ave

T. F. Cooney M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71946 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sommers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 86 Monroe

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 24/83

Undertaker, J B Cook

Place of Business,

D S Hoffman M. D.,
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11947 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, Dec 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles T. King

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 Years, 1 Months, 12 Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 90 Hanover st Locust Point

Cause of Death, First (Primary), Pneumonia

Second (Immediate), convulsions

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Dec. 24 1883

Undertaker H. Sander & Son

Place of Business 252 Canton Ave

Jere Geo Dawson M. D.
Medical Attendant.

Address, 325 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11,948 *Office of Registrar of Vital Statistics.* Ward E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lettuary

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 11 *Months,* ~~20~~ *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 223 Canton Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About Two years

All the above information should be furnished by the Physician.

Place of Burial, Ft Cem Luth. Cem.

Date of Burial, Dec 24 1883

Undertaker, H. Sander & Son

Place of Business, 220 Canton Ave

Jas. E. Gilbrone M. D., Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 71949

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 22 a/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Rusk

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,* Widow *or Widower*~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 408 N Eden

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 24th

Undertaker, George Schilling

Place of Business, Ashland Square

N W Kneas *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71755 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank A Fitzmaur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* — *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 139 E Fayette St

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Hisses Meeting House Balto County

Date of Burial, December 24th

Undertaker George Schilling

Place of Business, Ashland Ave

E B Billard M. D.
Medical Attendant.

Address, 51 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7957 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Seiger

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 Caulton St

Cause of Death, First (Primary), Child Birth

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 25

Undertaker W D Yee

Place of Business,

Geo. H. Simon M. D.
Medical Attendant.

Address 1211 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 11952

Board of Health, City of Baltimore,

Permit No. 71952 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Prostitution

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 230 S. Caroline

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mo

the above information should be furnished by the Physician.

Place of Burial, Bkso

Date of Burial, Dec 25

Undertaker W Watchman

Place of Business,

Geo Blegen M. D.
Medical Attendant.

Address, 171 N Caroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7963 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. John Rowekamp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 299 N Pratt St

Cause of Death, First (Primary), ...

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Dec 25

Undertaker E Schlosman

Place of Business, ...

Geo. H. Dawson M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7195 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Augustus~~ Wagler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Employed in Gas House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.}

Cause of Death, Verdict: First (Primary), Came to his death from Some Unknown Cause on the B&O R.R.

Second (Immediate), on the Morning of Dec 23rd 1883 Bet Bayard & Scott Sts

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 24th 1883

Undertaker Daniel Fagan

Place of Business 109 West St

Robt Bell M. D.

~~Medical Attendant.~~ Coroner So Dist

Address, 161 So Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11965 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Kain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 25 S. Register St

Cause of Death, First (Primary),

Second (Immediate) Croup

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, Dec th 29

Undertaker W Blatchamp Jr

Place of Business, 253 Est Lombard St *Address,* 137 Aisquith St

D D Gue Jr. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 71956 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23d December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25. Years

Place of Death, {Give street and Number.} 241 S. Eutaw St.

Cause of Death, First (Primary), Ulceration of the Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 3. weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 24 1883

C. D. Gyles M. D.
Medical Attendant.

Undertaker H Ross

Place of Business, 95 Conway St *Address,* 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1195

Board of Health, City of Baltimore,

Permit No. 1957 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, Dec 23

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Brogden

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, ~~1~~ *Years,* 6 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2 Bolton alley

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 23

Undertaker W H Dwyer

Place of Business,

Geo. H. Dixon M. D.
Medical Attendant.

Address, On of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11908

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11958 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John ~~Heuken~~ Horn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 30 *Years,* *Months,* *Days,*

Color, W

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} Fait & Weinheimers Whf Alice Anna St

Cause of Death, First (Primary), Accidentally Drowned

(Supposed)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Dec. 24th 83

Undertaker G. Frame

Place of Business, Bank & Wolfe *Address,* 6 & E Balto St

Chas M. Moffit M. D.
Coroner E.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7959 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Watts

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 348 Hartford Ave

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 348 Hartford Ave

Cause of Death, First (Primary), Spasms

Second (Immediate), ...

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24

Undertaker Geo Schulley

Place of Business, ...

Wm. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7196 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield S Wallace

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 183 Mulberry St —

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 24 - 1883

Undertaker W W Madden

Place of Business, 46 East 8th Address, 238 Broadway

Wm L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71961 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, December 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund E. Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 450 East Fayette

Cause of Death, First (Primary),

Second (Immediate) Diptheritis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 24th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

I. D. Bemiss M. D.
Medical Attendant.

Address, 1 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7196 — *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about Nine Years

Place of Death, {Give street and Number.} 970 Edmondson

Cause of Death, First (Primary), Epilepsy

Second (Immediate), ...

Duration of Last Sickness, Invalid for several years

All the above information should be furnished by the Physician.

Place of Burial, M. C. Cemetery Third Road

Date of Burial, December 24th 1883

D W Cathell M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7963 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, December 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Marden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bucks Co. Pa.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 25 Exeter Street

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 25th 83

Undertaker Wm Jenkins & Son

Place of Business, Park & Laraby

Chas M. Morfit M. D.
Medical Attendant.

Address, 672 E Bucks St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7964 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Costello

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 73. Madeira Alley.

Cause of Death, First (Primary), Whooping Cough.

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, Six (6) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 25th 1883

Undertaker H. Delaney & Son

Place of Business, 92 S. Ann *Address,* 237 Lombard

W. P. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7765 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, Dec 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Shockley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 125 158 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 24th 1883

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

J McGraner M. D.,
Medical Attendant.

Address Charles & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7166

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7166 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, December 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Bengel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 1 *Months,* 10 *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 13 Years

Place of Death, {Give street and Number.} 76 Gough Street

Cause of Death, First (Primary), Heart Disease (Supposed)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity cem.

Date of Burial, Dec. 25th 1883

Undertaker H. Saunderson

Place of Business, 252 Caroline st

Chas. M. Norris M. D.
Coroner & ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1167 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 23—1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs O'Leary

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widowed~~, ~~Divorced~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and Number. } 94 Ramsay St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Bright's Disease & Abscess

Duration of Last Sickness, Mr'nonsion 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 24 1883

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,*

J. M. Clark *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7168 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine McGuigan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 92 S. Spring Street

Cause of Death, First (Primary), Metro-peritonitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 26th 1883

Undertaker Coolahan & Evans

Place of Business, Valley & Eager

James F. McShane M. D.
Medical Attendant.

Address, 417 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71969 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 182 S Spring

Cause of Death, First, (Primary,) Edema

Second, (Immediate,) Edema Larynx

Duration of Last Sickness, Abt 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Calvary

Date of Burial, December 24th

Undertaker, H. Franke

Place of Business, 35 Bank St *Address,* East Md

Geo. S Kirkman M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 11970

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, December 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne K. Sanders

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, W. *Sex,* F

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 386 Linden Ave.

Cause of Death, First (Primary,) Violent Congestion of Brain & Lungs.

Second (Immediate,) Apnoea.

Duration of Last Sickness, A few hours - about 4.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 24th 1883

J. R. Page M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 55 Park Ave.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7191 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 21 1883

Date of Death, Dec 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Guth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and Number.} 30 Knot Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Park

Date of Burial, Dec 24/83

Undertaker A. Rohdy

Place of Business, 148 Lemmon St

F. W. Weber M. D.

Medical Attendant.

Address, 298 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11972 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia M. Francis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Waist Sewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 64 Cordies St

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Lungs

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 26th 1883

Undertaker Morgan & Pye

Place of Business, Mulberry & No 9

J G Connolly M. D.
Medical Attendant.

Coroner
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 23 1883

Date of Death, Dec 23, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Johnston.

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. } Female

Age, About 28. *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Mary's Co. Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number } #25 Rutter St.

Cause of Death, First, (Primary,) Bright's disease of the kidneys, followed by "apoplexy"

Second, (Immediate,) Asphyxia.

Duration of last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Barnaby

Date of Burial, Dec 24 1883

James T Brown, M. D.
Medical Attendant.

Undertaker, Morgan & Pye

Place of Business, Mulberry St No 9

Address, #31 W. John

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11914 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 25 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Farrell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty yrs

Place of Death, {Give street and Number.} 112 N Calvert

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, two years

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 26th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Hattem M. D.,
Medical Attendant.

Address, 28 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7197 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, Dec. 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Jaminski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Died Since Birth.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 248 S. Bond St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphosus

Date of Burial, Dec 23d

Undertaker W. Dippel

Place of Business, ...

John H. Kehlenger M. D.
Medical Attendant.

Address, 1153 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11976 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Ryplin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} No 40 Madison St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) apoplexy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Dec 26th 1883

Undertaker, [illegible] 35 Park Ave

Place of Business,

J Putnam M. D.,
Medical Attendant.

Address, 27 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7197 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 23 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W. Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bank Teller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Warren Penna

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 139 W Biddle st

Cause of Death, First (Primary).

Second (Immediate). Heart Disease

Duration of Last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Warren Pa.

Date of Burial Dec 26th 1883

Undertaker A. Dickens

Place of Business, Howard and Madison

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11978 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Bruce

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 3 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 167 George

Cause of Death, First (Primary), ...

Second (Immediate), Croup & Spasm

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 24

Undertaker A Hemely

Place of Business, ...

Geo. H. Emerson M. D.
Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71979 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, December 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Carr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life ~~6 months~~

Place of Death, {Give street and Number.} 456 Fremont ~~Avenue~~

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thompson Cemetery

Date of Burial, Dec 25 1883

Undertaker Robt Hemsley

Place of Business, ...

Alexander Fenley M. D.

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7198 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rodgers

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 29 13th st

Cause of Death, First (Primary), Chronic Croup

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec. 25

O A. Cooke M. D.

Medical Attendant.

Undertaker B. Hall

Place of Business, 92 West St *Address,* 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7181 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1883

Date of Death, Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Hollins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 18 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life (?)

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Dec 25

Undertaker, C A Bliford

Place of Business, 198 N. Ave

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7182 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec: 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Heck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternite, Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 25

Undertaker, E. Hirshfield

Place of Business, 198 W. Pratt

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ice issued, S... week. 1983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7983 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Schneider

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 9 *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and Number.} 565 Hanover Street

Cause of Death, First (Primary), Cancer of the uterus —

Second (Immediate), Exhaustion —

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, 24th Dec. 1883

Undertaker B. Hoale

Place of Business, 82 West St

Augustus W. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11984 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie McGinny

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 3 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~ ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 13 Heath St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 13 Heath St.

Cause of Death, First (Primary), Inanition & Neonatus Debility

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 24th 1883

Undertaker B. Hoole

Place of Business, 82 West St

Geo. H. Brown M. D.

Medical [illegible]

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Sunday of each week. 11930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11915 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Gleonier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 140 E Lombard St

Cause of Death, First (Primary), Teething

Second (Immediate), ...

Duration of Last Sickness, Some two months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Dec. 23rd 1883

Undertaker M. A. Daiger

Place of Business, 741 Broadway

James E Donnelly M. D.
Medical Attendant.

Address, 199 E Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...rtificates for Burials, to the Office whence issued Saturday of each week. No. 7986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7986 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie J. Hanson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Single~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 322 N Stricker near mother

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, December 25th

Undertaker, Joseph F Byrn

Place of Business, 54 N Eutaw St

Henry Hill M. D.,
Medical Attendant.

Address, Woodberry Cor Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 28th Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Rogers

Sex, ~~Male~~ or ~~Female~~. {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widowed~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 12 Hamburg St

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Abscess of Lung

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 25 1883 A. H. Poe M. D.

Medical Attendant.

Undertaker C. F. Krause

Place of Business 269 Hanover *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11988 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane, Kennedy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} No 50 E Madison St

Cause of Death, First (Primary), Scirrhus of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

the above info mation should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 26 di 83

Undertaker J. H. McCoy

Place of Business, 22 N. Fayette *Address,* No 58 E Lib[illegible] St

G. R. Stamp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... No. 1170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71989 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Cannon

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and Number.} 261 Druid Hill Ave.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Albumen Urinae over one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Dec. 26/83

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St.

L. Lindheimer M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 71990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71990 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lurge H. Gambrill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Pilot

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 28th St. Conn

Cause of Death. First (Primary), Typhoid Malarial

Second (Immediate), Meningitis.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bates Cemetery

Date of Burial, Dec 26th 1883

Undertaker W. Clarke & Son

Place of Business, 92 S. Conn

Geo. H. Reynolds M. D.
Medical Attendant.

Address, 71 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 71991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 71991 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth A. Brown,

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 83. *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co, Md.

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, { Give street and Number. } 327 Lexington St.

Cause of Death, First (Primary), Pulmonary Apoplexy

Second (Immediate),

Duration of Last Sickness, Half an hour.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 26th 1883

Undertaker New Franklin House

Place of Business, Park & Saratoga

John D. Lee Stroyd M. D.
Medical Attendant.

Address 273 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of [illegible] to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71992 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelin Joseph Vaeth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* *Days,*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Saddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 31 Pulteney

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alyons

Date of Burial, Decemb. 26

Undertaker, B. Hall

Place of Business, 82 West St *Address,*

S. [illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 11993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/993 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation ? ?

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 97 Lough

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 26th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

Edward O'Donnell M. D.
Medical Attendant.

Address, 274 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued. Sat'd

No. 11994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 11994 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Maude Larkin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 39 Greenmount Ave

Cause of Death, First (Primary),

Second (Immediate) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th

Undertaker Geo Schilling

Place of Business, *Address,*

Jno. Brooke Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 71995

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-22-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 13 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 29 Lanneton

Duration of Residence in the City of Baltimore, 4 mo 13 days

Place of Death, {Give street and number.} 29 Lanneton

Cause of Death, First, (Primary.) Infantile Convulsions

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Lionel Cemetery

Date of Burial, Dec 25 1883

Undertaker, William H Dorsey

Place of Business, No 62 East St

..... *M.D.,*

Medical Attendant.

Address,

Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...ath, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11996 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Arnheart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 76 W Eden

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Anaemia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial. Dec 25

Undertaker, H C Weisfield

Place of Business, 9 Eastern Ave

Jno. Mullen M. D.,
Medical Attendant.

Address 1799 Thames

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office — Registered Saturday of — No. 11997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11997 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wm Grunbuch

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation Piano Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 427 Cross st

Cause of Death, First (Primary),

Second (Immediate). Apoplexy

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 27th 1883

Undertaker Julius Koehler

Place of Business, Harper & Cross, *Address,* 68 Shaw st

E. Michaux M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office w[illegible] No. 11998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7998 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lyall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Ireland

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 35 Years

Duration of Residence in the City of Baltimore, 2 Canton

Place of Death, {Give street and Number.} Resident Person

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness [illegible]

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, December 26 83 E. J. Lennan, M. D.

Medical Attendant.

Undertaker H. Sander Son

Place of Business, 252 Canton Ave *Address,* 53 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burials, to the Office wh[illegible] No. 11994.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71999 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James, N. Elder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 432 N. Eutaw

Cause of Death, First (Primary), —

Second (Immediate), Pyohoria Bronchorrhea

Duration of Last Sickness, about two Months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 26

Undertaker Joseph B Cook

Place of Business, 704 W Baltimore *Address,* 582 W Fayette

H. C. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltim

Office of Registrar of Vital Statistics.

Permit No. 12000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline West

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~*Single,*~~ ~~*Widow or*~~ *Widower.* { Cross out the word not required in this line. } ~~Widow~~

Occupation, Laundress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cambridge Maryland 20 yrs

Duration of Residence in the City of Baltimore, 93 Sharp St all

Place of Death, { Give street and number. } Nervous Prostration

Cause of Death, { First, (Primary.) Second, (Immediate.) } 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1883

Undertaker, Samuel F Case

Place of Business, 195 E Howard St

H H Goodman M.D.

Medical Attendant.

Address, 18 Columbia av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimo

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as f the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t ase and date of death, except in cases of births and deaths of illegitimate children.

[OVE

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 7201 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec. 23. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Booker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and Number.} 48 Parrish St.

Cause of Death, First (Primary),

Second (Immediate), Rubeola

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 26 - 1883

Undertaker Samuel McClaire

Place of Business, 198 Hanover St. *Address,* 50 W Pratt St

D Summerfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72602 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kane.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* ~~—~~ *Months,* ½ *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and Number.} 122 Ramsey St.

Cause of Death, First (Primary), Prematur & sudden birth at the 7th Month. Cause unknown.

Second (Immediate), Child fell on floor dragging on the cord rapidly and telling up a Peritonitis of which died in 12 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Dec 25th 1883

Undertaker C. F. Knausenden

Place of Business,

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Barrier

~~Sex~~; *Male or ~~Female~~,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 46 Chappel St n

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Failure of Heart action

Duration of last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loue Grove Cemetery

Date of Burial, Dec 25th 1885

T. J. Simms M. D.
Medical Attendant.

Undertaker, T J Wells

Place of Business, 473 Jefferson St *Address,* 242 N. B. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 72004

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison C. Moore M.D.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ohio U.S.A

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 131 Lexington St.

Cause of Death, First, (Primary.) Granular Kidney

Second, (Immediate.) Catarrhal Phthisis.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 27th 1883

Scarff & Donaldson M.D.,

Medical Attendant.

Undertaker, STEWART & HOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12006 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Valkmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 Yrs 11 Months, 11 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 61 E James Alley

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem't

Date of Burial, Decemb 26

Undertaker H. Hall

Place of Business, 62 West St

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Belle Blackistone

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 186 Mulliken Ave

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cem

Date of Burial, Dec 26/1883

Undertaker J W Madden

Place of Business, 46 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7207 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 23 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Thomas

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 12 *Years,* 2 *Months,* 13 / 9 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 9 N. Castle St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Dec 26 - 1883

Undertaker H Wm Madden

Place of Business, 76 East St Address, 284 N. Broadway

Geo F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 12008

Permit No. 12008 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 24: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Frey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, About 61 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} No 159 Saratoga St

Cause of Death, First, (Primary,) Cardiac disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount P

Date of Burial, December 26th 1883

Wm M Kemp M. D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72009 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, December 26, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 18 days

Place of Death, {Give street and Number.} 92 N Gilmor St.

Cause of Death, First, (Primary,) Imperfect Development

Second, (Immediate,) ———

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 27 '83

Undertaker, Henry McMechen

Place of Business, 520 W Fayette

Jas. L. Smithson M. D.,
Medical Attendant.

Address, 1842 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7210 ; *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine P. Abrams.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* 16 *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} Cor. Belvidere & Calvert sts.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, Dec. 26th.

Undertaker Wm. A. Harper.

Place of Business; Broadway. *Address,* Wendover

P H Keech *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72811 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo James

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Orchard St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Anaemia.

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 26th 1883

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

F. E. Chataud M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72012 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hassall

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter in Pottery

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 28 Clements Alley, Balto City.

Cause of Death, First (Primary), Exposure to sudden changes weather.

Second (Immediate), Congestion Lungs. from Congestive chills.

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Decemb. 26th 1883

Undertaker Leonhard Pürtz

Place of Business, 277 S. Bond St.

E N Davies M. D.
Medical Attendant.

Address, 88 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7203 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice O Brian

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 11 *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 6 Cannon st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, St Patricks cem

Date of Burial, Dec. 26. 1883

Undertaker Wm Sanders & son

Place of Business, 252 Canton av

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72014 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas McCarty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and Number. } 3- Falls Road

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 26

Undertaker, J Bleecher

Place of Business,

J. H. Guines M. D.,

Medical Attendant.

Address, 257 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12013 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, December 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Reat

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation C

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, About 4 Months

Place of Death, { Give Street and Number. } 57 N. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Consumption & Marasmus

Duration of Last Sickness, about 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, Dec 27 8

Undertaker J Bloom

Place of Business,

W. McClure M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72016 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralf. G. Bedford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 15 Days,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Cappillary Bronchitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 26

Undertaker, C.W. Blizzard

Place of Business, 198 Pine ave

Thos. S. Latimer M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7207 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. O. Burk

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 10 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, { Give street and Number. } 182 Lanvale Ave.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) " " "

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, Dec 26 / 83

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 431 Lanvale Ave

J. J. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12018 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johan A Dienhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 15 *Days,*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and now being in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 419 Light St

Cause of Death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,) Pleurisy & central

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial. Dec 26th

Undertaker, B. Haile

Place of Business, No. 82 West St. *Address,* 169 N. Charles St

Wm Sahrer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

8 Board of Health, City of Baltimore,

Permit No. 72019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. R. Marriott

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 84 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Clerk in B & O R R

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give street and number} 238 N. Howard St.

Cause of Death { First, (Primary,) Typhomalarial Fever
Second, (Immediate,) Exhaustion.

Duration of last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 25/83

Undertaker, A Dickinson

Place of Business, N. N. Howard & Madison

+ Chew Worthington M. D.
Medical Attendant.

Address, 870 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is respectfully invited to this Section to Section 2 on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12028 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 22/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Briggs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* two *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 30 Patrick St

Cause of Death, First, (Primary,) Pulmonary Congestion

Second, (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 26th 1883

Undertaker, Wm N Burgee

Place of Business, 62 East St *Address,*

J C Shannon *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7207 *Office of Registrar of Vital Statistics.* Ward. 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Chestnut

Cause of Death. First (Primary), Bronchitis & Old age

Second (Immediate),

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 26th 1883

Undertaker Wm M Bangell

Place of Business, 62 East st

E. B. Tenby M. D.
Medical Attendant.

Address, Cr Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72842 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Boone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pertussis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 26

Undertaker H ROSS

Place of Business, 25 Lexington St

C. E. Boyd M. D.
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

18

Board of Health, City of Baltimore.

Permit No. 72023 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Murphy

Sex, Male or Female. {Cross out the word not required in this line.} M

Age, 5 *Years,* 7 *Months,* 5 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 38 McHenry a

Cause of Death, First (Primary), ...

Second (Immediate). Membranous Croup

Duration of Last Sickness, Two 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Banna Brae Cemetery

Date of Burial, Dec 26th 1883

Undertaker Jam McGinnis

Place of Business 63 Bowman st *Address,* 34 W. Lombard

H L Lincoln M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72024 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, December 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Barrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Watts Court

Cause of Death, First (Primary), Old age. Complicated

Second (Immediate), with heart disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26. 1883

Undertaker Wm. Hamill

Place of Business 116 Orchard St

F. Connolly M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72125 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E. Heuer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. } No. 225 N. Caroline St.

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,) —

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial. Dec. 27th 1883 Thomas Shearer M. D.,

Undertaker, Adam Pfaff Medical Attendant.

Place of Business, 461 N. Gay St. Address, No. 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72026 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} mary L Pugh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 E. Biddle St

Cause of Death. First (Primary), Rubeola –

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 Dec.

Undertaker Adam Fink.

Place of Business, 461 N Gay.

W. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72027 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1883

Date of Death, Dec. 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Garfield Schreiber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 303 East av.

Cause of Death, First (Primary), Intestinal Inflammation

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 26th 83

Undertaker G. Frank

Place of Business, Post & Wolfe Address, 1170 Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72028 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1883

Date of Death, Monday Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Ford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* 24 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 36 Dinnis St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) do

Duration of Last Sickness, 72 hours

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Dec 26th 83

J E Pritchard M. D., Medical Attendant

Undertaker, G. Frank

Place of Business, Pants & Watts *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

Permit No 12029 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Smith

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Since Birth,

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } # 234 S. Durham St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate) .....

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Dec 27th 83

John H. Kehlenger M. D.
Medical Attendant.

Undertaker G. Francy

Place of Business, Bank & [illegible] *Address,* 1432 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72030 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 25 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Welch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} cor Federal & Watson alley

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 25

Undertaker C Sniffen

Place of Business, ...

Geo. H. Simon M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7261 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 7 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 165 Harford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dece 27

Undertaker George Schilling

Place of Business,

M. B. Billingslea M. D.
Medical Attendant.

Address, 236 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Superintendent's Return to the Numbers Below, and to Lists of Districts on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72082 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 93

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. B. Gaubel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* 4 *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Special Officer at B. C. R. R.

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 154 E Eager St

Cause of Death, First, (Primary,) Rheumatism Fibroma

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 28th,

Undertaker, Geo Schilling

Place of Business,

Gustav Baltzer M. D.,
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12033 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } D Harrigan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Moulder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 117 E High

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Dec 27

Chas O'Connor M. D.
Medical Attendant.

Undertaker Michael Doyle

Place of Business, No 200 S Charles St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72834 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Hackman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 63 Pearl St.

Cause of Death, First (Primary), Fracture Skull

Second (Immediate), Compression of Brain

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec. 27, 1883

Undertaker Baltimore Cudogan

Place of Business, 227 Aisquith St

H Ismith M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12086 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Stevens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* *Days,*

Color, Ca

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md a

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 76 E Dallas St

Cause of Death. First (Primary),

Second (Immediate). Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 26

Undertaker T J Tuck

Place of Business,

Wm H Dixon M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12036 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna M. Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months,* 4 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give street and Number.} 233 East Madison St

Cause of Death, First (Primary), Old age

Second (Immediate), Old age

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 27 1883

Undertaker John Herring

Place of Business, 382 Orleans St *Address,* 138 N. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12037 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 15 Valley

Cause of Death, First (Primary), ...

Second (Immediate) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westen

Date of Burial, Dec 27

Undertaker J P Bowers

Place of Business, ...

Wm R Dixon M. D.
Medical ~~Attendant~~.

Address Cor of Valley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12036 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, Dec 26 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martha D'almaine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Peoria Illinois

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 28 McCulloh St Balto

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Apnoea

Duration of Last Sickness, about 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 28th 1883

Undertaker, John J Andrews

Place of Business No 4 & 6 Druid Hill Ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 28 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72039 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David L. Miller.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 542 Penna. Avenue

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Two (2) weeks-

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 27th 1883

Undertaker John J. Andrews

Place of Business, No 4 Druid Hill Ave

Louis N. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72040 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 26 1883

Date of Death, Dec 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Nathan Greenbaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ever Two years

Place of Death, {Give street and Number.} 21 So Lombard Street

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, December 27

Undertaker W. Eckas

Place of Business, 101 South St *Address,* 88 N Eutaw St

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72841 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Bridget Arthur.

Sex, ~~*Male, or*~~ *Female,* { Cross out the word not required in this line. }

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 35 years.

Place of Death, { Give street and Number. } 593 W. Lombard st.

Cause of Death, First, (Primary,) Biliary Obstruction.

Second, (Immediate,) Heart failure

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 27 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 115 W. Monument st.

C. O'Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72044 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27? 1883

CERTIFICATE OF DEATH.

Date of Death, December 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* 16 *Days,*

Color, White

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation Picture Frame maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 193 Ramsay st

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Heart diseased

Duration of Last Sickness, 15 & 20 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 28 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* Corner

Alexander Finley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 72043 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa M. Wagner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 275 Cross St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 27th

Undertaker H. Boile

Place of Business, Hanover St

by Thos. Corkran M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72644 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 171 W. Pratt St.

Cause of Death, First, (Primary,) Malaria Fever

Second, (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Pikesville

Date of Burial, Dec 29 1883

Undertaker, J H Chase

Place of Business, 42½ Howard St

J. M. White M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spondent is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herndon Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 97 Aisquith St

Cause of Death First, (Primary,) Pleuro Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28th 1883

Undertaker, John Lake

Place of Business, 166 E Baltimore St

Elmalls M. D.
Medical Attendant.

Address, 47 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72046 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 88

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florance Hadaway

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 176 Barre St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 12 days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 27th 1883

R. J. N. Tall, M. D.
Medical Attendant.

Undertaker John S. Mackey

Place of Business, No 15 S Eutaw *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72047 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary A. Randle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 170 Montgomery St

Cause of Death, First, (Primary,) Enlargement of Spleen

Second, (Immediate,) Leucocythemia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 28th 1883

Undertaker, Hon Jenkins & Sons

Place of Business, Park & Saratoga sts

Wm. H. Randle M. D.,
Medical Attendant.

Address, 12 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72 644 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie Bailey

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 8 S Amity St

Cause of Death, First (Primary),

Second (Immediate) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 28

Undertaker J Bleacher

Place of Business,

Geo H. Penson M. D.

~~Medical Attendant.~~

Address, 1211 of Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12044 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 27 1883

Date of Death, December 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Correna Bockleman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 116 N. Spring St.

Cause of Death, First, (Primary.) Cancer of Uterus

Second, (Immediate,) ~~Hy~~ Septicemia

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Dec 27th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

H. D. Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hulse

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 208 Mulberry St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtherical Prostration

Duration of last Sickness, 4 or 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 28th 1883

C. R. Uhler M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address,* 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12051 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Hess

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 225 Preston St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetary

Date of Burial, Dec 28th 1883

Undertaker Geo Saffran

Place of Business, 121 Penna Ave

J. H. Keller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12062 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis B Airey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 124 Hopkins Pl

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two Y ears

All the above information should be furnished by the Physician.

Place of Burial, Fernandale Md Co

Date of Burial. Dec 29 1883

Undertaker, Thos L Quigley

Place of Business, 60 E Balto

L H Sutton M. D.,
Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians are respectfully invited to use Nomenclature Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72053 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Duncan

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 12 *Days,*

Color, white

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Book-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and Number.} 75 Lough St.

Cause of Death. First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 28. '83

Undertaker M. A. Daugherty

Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72154 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa William

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 249 E. Fayette St.

Cause of Death, First (Primary), Membranous croup

Second (Immediate),

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Md

Date of Burial, Dec. 28. / 83

Undertaker H. A. Dauer

Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Draw. 3108

Board of Health, City of Baltimore,

Permit No. 12055

Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E. A. Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co Maryland

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 76 Edmondson Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Dec 26th 83

Undertaker, Henry Wm Middleton

Place of Business, 550 W Fayette St

W. Jackson Evans M. D.,

Medical Attendant.

Address, 249 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72056 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1883

CERTIFICATE OF DEATH.

Date of Death, Decem 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Fish Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 140 William St

Cause of Death, First (Primary), Patches Liver

Second (Immediate), Gen Debility

Duration of Last Sickness, 5 Months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30th 1883

Undertaker H W Fellows Sons

Place of Business, Park Waverly

H. B. Noble M. D.
Medical Attendant.

Address, 50 Harrison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72057 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, December 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Natalle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy — *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Aged Mens Home Franklin St —

Cause of Death, First, (Primary,) Cerebral Softening

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 28th 1883

Undertaker, Hall Eastern & Sons

Place of Business, Park & Saratoga

J. Mason Hundley M. D.,
Medical Attendant.

Address, 22 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72058 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph V. Dougherty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* ..... *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wire worker (Fireman)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 48 N. Front St. Wharf

Cause of Death, First (Primary), Accident at fire Fireman

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... H Connolly M. D.

Medical Attendant.

Undertaker .....

Place of Business, ... *Address,* Locust

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following Certificate [over]

Board of Health, City of Baltimore,

Permit No. 12068 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. B. Doughert

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 8 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Fireman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 7 days & 84 years

Place of Death, { Give street and Number. } 78 S. Front St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Tetanus

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial. New Cathedral Cemetery

Date of Burial. Dec 28th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Chas. M. Fuller M. D., Medical Attendant.

Address, 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72059 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 27 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sloan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 128 N. Charles St

Cause of Death, First, (Primary,) Mechanical Injury

Second, (Immediate,) Concussion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 29 / 1883

Undertaker, H.W. Jenkins & Sons

Place of Business, Park & Saratoga sts *Address,* No 97 N. Charles St

Thomas Shearer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12060. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BERIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883 HLTH

CERTIFICATE OF DEATH.

Date of Death, December 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Wheatley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, abt 45 *Years,* — *Months,* *Days,*

Color, C

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, abt 26 Years

Place of Death, {Give street and Number.} No 19 N Castle St

Cause of Death, First (Primary), Heart Disease (Supposed)

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, December 27, 1883

Undertaker Wilmot Sanger

Place of Business, 62 East St

Chas M. Morfit M. D.

Corner E & ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72061 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~; {Cross out the word not required in this line.}

Occupation, White washer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 41 Wallace St

Cause of death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 28th 1883

Undertaker William A. Pierce

Place of Business, 62 East St

W. A. Turner M. D.,
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72062 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Daisy Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* about six *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 11 Little Pine St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 11 Little Pine St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Bronchitis

Duration of Last Sickness, about — two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharon St. Cemetery

Date of Burial, December 27 1883

Undertaker, William C. Zinger

Place of Business, 62 East St

W. D. Booker M. D.,
Medical Attendant.

Address, 157 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72563 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl H. Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) & Measles

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, & 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 27

Undertaker, C. W. Blizzard

Place of Business, 198 Pine

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72064 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Warfield

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Cerebral Effusion (?)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Founders Park

Date of Burial, Dec 27

Undertaker, C H Byrnes and

Place of Business, 198 Lemmon

Thos S Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 12065 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 27 1865

Date of Death, Dec. 26th. 5 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napoleon B. Grimes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 40 *Years,* 1 *Months,* 20 *Days,*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Machinist.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and Number.} No. 121 Columbia Ave.

Cause of Death,
First (Primary) Phthisis Pulmonalis
Second (Immediate)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Friday Dec 28th

Undertaker John J Cowan

Place of Business, Prospect Hollins St. *Address,* Cor. Columbia Ave & Fremont

Edwin A Oldrich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 72066 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1888

CERTIFICATE OF DEATH.

Date of Death, June 26th 1888.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katherine Ott.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 135 Johnson St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Pneumonitis.

Duration of Last Sickness, 4 days.

the above information should be furnished by the Physician.

Place of Burial, Lafayette

Date of Burial, Dec 28

Undertaker [illegible]

Place of Business, 82 West St

Wm. G. Smith, M.D.
per
R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Virginia Wade

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} Cor Franklin & Schroeders Sts

Cause of Death, First, (Primary.) Congestion of Lungs

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 28th 1883

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street

L. R. Miles M. D.
Medical Attendant.

Address, 934 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 72068 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Mabel Hann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 74 S. Gilmor St.

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 28th 1883

Undertaker, Jos L Cook

Place of Business, No 707 W Baltimore Street

John Neff M. D.,
Medical Attendant.

Address, 206 N Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore.

Permit No. 72069 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled ou* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelina Kolkowski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Wr

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and Number.} 8 Jansen St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 27 83

Undertaker H C Sandy & Son

Place of Business, 232 Eastern Ave

S S Bell M. D.

Medical Attendant.

Corner Ea Div

Address, 1611 E. Fleet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72070 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26~ 1883~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Husband

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Eight ~ *Months,* Sixteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 454 N. Fremont St

Cause of death, First, (Primary,) Measels

Second, (Immediate,) Bronchitis, Exhaustion

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Loudon Park

Date of Burial, Dec 28. 83

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 322 Saratoga St

Wm. Lordan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72071 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grady

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Rubeola

Second (Immediate), Congestion of lungs.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 28/83.

Undertaker Frank McVey

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 72072 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 29 2 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Joseph Carrafa.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 New Church St.

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate.)

Duration of Last Sickness, 3 or 4 days, but I only saw him a few hours before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 28/83

Jno. S. Lay *M.D.,*
Medical Attendant.

Undertaker, Rosenberger

Place of Business, 70 Mulberry St. *Address,* 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72073 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Becker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 13 Abbott St

Cause of Death. First (Primary) Rubeola et Laryngitis Croupea

Second (Immediate) Asphyxia

Duration of Last Sickness, Nine (9) Days

the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Dec. 28th 1883

Undertaker Adam Fink

Place of Business, 461 W. Pratt St

E. A. Talbot M. D.
Medical Attendant.

Address, 1 E. Eager St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12874 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob B. Swindell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 16 Russell St

Cause of Death, First, (Primary,) Chronic Group

Second, (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 28/89

Undertaker, Amos Ens

Place of Business, 263 Light

J. C. Buch M. D.,
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 72 875 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Died 26th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Jane Lowton.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 69 *Years,* 11 *Months,* 5 *Days,*

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation None.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Easton Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. } 153 Edmonson Avenue.

Cause of Death, First (Primary), Organic Disease of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th 1883

Undertaker John J. Mackin

Place of Business, No 150 Lamdin

John R. Wright M. D.
" "
Medical Attendent.

Address 273 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7276 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lee Marsden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 423 N. Mount St

Cause of Death, First (Primary),

Second (Immediate). Typhoid Pneumonia

Duration of Last Sickness, Twenty eight hours.

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 28th 1883

Undertaker Charles Scriven

Place of Business, 271 Eutaw St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72077 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 27. 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Auld,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Forty years,

Place of Death, {Give street and Number.} 372 E. Balt. St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Exhaustion

Duration of Last Sickness, One month,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Philad. Road

Date of Burial, December 30th 1883 G. G. Cusk M. D.

Medical Attendant.

Undertaker Denny & Brickett

Place of Business, 66 S. Broadway, Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

Permit No. 12878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1883

Date of Death, Dec 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ✓ *Years,* 4 *Months,* _____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 169 Lyon St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28 1883

Undertaker, Alex Hendry

Place of Business, 116 Orchard St

Wm F. Latrobe M.D

Medical Attendant.

Address Fleet & Aisquith Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

11

Board of Health, City of Baltimore,

Permit No. 12079 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, December 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd Henry Holland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 St Marys Court

Cause of Death, First (Primary), ...

Second (Immediate) Congestion of Lungs

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician,

Place of Burial, Wanpell Cemetery

Date of Burial, Dec 28 1883

Undertaker Alex Kennedy

Place of Business, Merchandise *Address,* Corner

Alexander Smiley M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12080 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1883

Date of Death, December 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thad F. Pfiner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* One Month *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 236 Conway st

Cause of Death,
First, (Primary,) Scarlet Fever
Second, (Immediate,) " "

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th 1883

Undertaker, Mr J. B. Cook

Place of Business, Balto Steam Address, 337 Madison st

C C Kemmer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore,

Permit No. 72081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, December 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Raab

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 3 *Months,* 13 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Workman) Cabor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Hafselberger's Court

Cause of Death, First (Primary,) Malaria

Second (Immediate,) Gastro-enteritis

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec. 29th

Undertaker, Henry Breile

Place of Business, Henrietta St 81

J. Adolph Boehm, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

12

Board of Health, City of Baltimore,

Permit No. 72082

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, December 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Penelope L. H. Eichelberger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States. if of foreign birth.} Clark Co Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 126 Lanvale st

Cause of Death, First, (Primary.) Weakness of heart

Second, (Immediate.)

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va.

Date of Burial, 29th Dec. 1883

Undertaker, H. M. Jenkins & Son

Place of Business, Park & Saratoga sts

T. C. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7653 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 28 1883

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elma Kelly,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 Greenmount Ave,

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Balto Co

Date of Burial, Dec 29th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave

Silas N. Hunter M. D.,
Medical Attendant.

Address 96 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72084 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1888

CERTIFICATE OF DEATH.

Date of Death, Dec 26-1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 18 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #122 N. Dallas St.

Cause of Death, First (Primary), Central Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 wks

the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, DEC 28 88

Undertaker J Lock

Place of Business, #73 Jefferson N

D T Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12015 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, December 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Pritchard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* ~~Months,~~ ~~Days,~~

Color, (Colored)

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} No 4. S. Eden st

Cause of Death, First (Primary), (Old Age)

Second (Immediate), Paralysis

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, DEC 28th 83

Undertaker J J Lecks

Place of Business, 173 Jefferson st

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72186

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, December 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lsander M.D.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 1 S. Paca St

Cause of Death, First, (Primary.) Has been in feeble health for years

Second, (Immediate.) Nervous Prostration

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 29th 1883

James Armitage M.D.,
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw *Address,* No 14 S Paca St

---

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12067 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 83 Hampstead st.

Cause of Death, First, (Primary,) Meningitis, &c.

Second, (Immediate,)

Duration of Last Sickness, 4 mths

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial. Dec 28th 1883

Undertaker, Chas P Byrne

Place of Business, Front st

R M Cathell M. D.,
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12088 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec, 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James G. Heideman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* 21 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Carrier,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 244 Conway St.

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Tuberculosis, 4 Months.

Duration of Last Sickness,

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th 1883

Undertaker John D Maddux

Place of Business, No 150 Cond St *Address,* 15-28 Hanover St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72089 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1883

Date of Death, December 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 13 Lemmon St

Cause of Death, First (Primary), ...

Second (Immediate). Old age

Suddenly

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec ~~31st~~ 30 1883

Undertaker Adam Fink

Place of Business, 461 W. Gay St

H. Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. Baltimore,

Permit No. 12,696 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie F. George

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 353 Madison Ave.

Cause of Death, First, (Primary,) Fibro-Cystic Tumor

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 29th 1883

Robt. L. Wilson M. D.,

Medical Attendant.

Undertaker, Steward & Bowen

Place of Business, 35 Park ave *Address,* 146 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12091 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. McDaniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2[illegible] E. Bal[illegible]

Cause of Death, First (Primary),

Second (Immediate) Concussion of the Brain

Duration of Last Sickness, 4½ days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 29th

Undertaker George Schilling

Place of Business,

H. G. Conner M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

Permit No. 72092

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Mattin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 277 Lanvale Street

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia from Laryngeal deposit

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 29

Undertaker, A Rohde

Place of Business, 48 Penna Ave

Mahlon Preston M.D.,
Medical Attendant.

Address, 68 N Carlton St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12093 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 28 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wallace

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 1 *Years,* 10 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 18 Little St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec. 29/83

Undertaker Jacob Lamb

Place of Business, 1010 W

W. S. Booze M. D.
Medical Attendant.

Address, 210 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12094 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1883

CERTIFICATE OF DEATH.

Date of Death, Dec- 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Osborne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* about *Months,* *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} No. 17 N Parrish St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, Dec 29

Undertaker, F Kershaw

Place of Business,

} J. M. Jordan M. D.,
Medical Attendant.

Address, 322 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72995 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geo. Grebner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, not known *Years,* about 35 years *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and Number.} 107 Camden St.

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Not Known

the above information should be furnished by the Physician.

Place of Burial, Mt Public Cem'y

Date of Burial, Dec 28th 83

Undertaker Fred'k A. Kuchman

Place of Business, 129 N. Arlington Ave

Wm Gonbel M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 72096 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lecka H. Braun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 9 *Months,* 10 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 41 Central av

Cause of Death, First (Primary), Uraemia

Second (Immediate), Coma

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec 30/83

Undertaker Ch Rossing

Place of Business, 196 E Balt st.

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 N. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72097 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Dickson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, twenty *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 327 S. Bond St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Ascites

Duration of Last Sickness, ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove

Date of Burial, 1883 29

Undertaker, W. Cuppage

Place of Business,

N. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72098 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27 98

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Jeffers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, W.

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } D. C.

Duration of Residence in the City of Baltimore, Since Dec 98

Place of Death, { Give street and Number. } 265 Caroline St.

Cause of Death, First (Primary), Consumption — Acute

Second (Immediate) Pneumonia

Duration of Last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 30 98

Undertaker W. Leigh

Place of Business, ...

J. L. Whitten M. D.
Medical Attendant.

Address, 771 E. Bowley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72099 — *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December - 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } June Ward -

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days,*

Color, C -

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Abt 6 Years -

Place of Death, { Give street and Number. } # 1 Locust Court

Cause of Death, First (Primary),

Second (Immediate) Bright's Disease of the Kidneys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laural

Date of Burial, Dec 29/83

Undertaker W. H. Russell Hillard

Place of Business,

Ed. A. Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 101 So Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72100 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* 27 *Days,*

Color,

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 744 N. Pratt st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Dec 30th 1883

Undertaker, Jos B Cook

Place of Business, No 707 N. Baltimore street

A. McOlbert M. D.,
Medical Attendant.

Address, 613 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 12101 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl W. Wickers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (9 months)

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} Nr 136 S Wolf st

Cause of Death, First (Primary), Typhoid pneum,

Second (Immediate), Pleurisy

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, F German United Cemetry

Date of Burial, Dec 30th

Undertaker Wm Sliecofaus

Place of Business, 255 Aliceanna

L D Wm[illegible] M. D.
Medical Attendant.

Address, 125 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72102 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Purcell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and Number.} 14 S. Sharp St.

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Congestion

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 30th 1883

Undertaker, John Lape

Place of Business, 166 E. Balto. St

Chas. G. Wells, M. D.,
Medical Attendant.

Address, 342 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72103 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th, 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lois V. Reeder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 16 Calvert Road

Cause of Death, First, (Primary,) "Scarlet Rash"

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 29 Dec. 88

Undertaker, Jno. C. Paulus

Place of Business, 66 Fred.k Ave. *Address*

L. G. Richeson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72164 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia M. Hogg

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and Number. } 330 Madison Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sunday Dec 30th 1883

Undertaker, STEWART & HOWELL UNDERTAKERS,

Place of Business, 85 Park Ave.

Chas. H. Riley M. D., Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 72105 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Alexander & Sarah Ennules

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 2 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 6 Jefferson St Court East of Aisquith St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29 1883

Undertaker W. Madden

Place of Business, Same

Wm. H. Dawson M. D.

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72106 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 5 *Years,* 4 *Months,* 16 *Days,*

Color, white

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 21 S. Durham st

Cause of Death, First (Primary), Typhoid – malarial fever

Second (Immediate),

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft McHenry

Date of Burial, Dec 29th 83

Undertaker G. France

Place of Business, Bank & Wolfe

Pierre Geo. Dausch M. D.
Medical Attendant.

Address, 325 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72197 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hambach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 6 *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 67 Register st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis (Acute)

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 29th 83

Undertaker G. Frazier

Place of Business, Frank & Wolfe

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12168 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R Christner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 8 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 37 Edmund st

Cause of Death, First (Primary). Congenital Morbus Caeruleus.

Second (Immediate).

Duration of Last Sickness, Congenital

All the above info mation should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 30 1883

Undertaker James D Byrne

Place of Business, No 63 N Front St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72109 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kann.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Trimmer ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lissau Prussia. ×

Duration of Residence in the City of Baltimore, 41 Years. ×

Place of Death, {Give street and Number.} 66 N. Eutaw St.

Cause of Death, First (Primary), Pneumonia, terminating in Pulmonary Abscess.

Second (Immediate), Gangrene of Lung.

Duration of Last Sickness, 2 Months, 16 days —

the above information should be furnished by the Physician.

Place of Burial Lloyd St Synagouge

Date of Burial, Dec 30

Undertaker James O Byrne

Place of Business, ~~66 N. Eutaw St~~ No 63 N Frederick St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the "... Cases, Accou..." of Diseases on Back of this Certificate

Board of Health, City of ...tion.

Permit No. 7210 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Kay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 14 Brewers alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauel

Date of Burial, Dec 29

Undertaker Alex Hendley

Place of Business, ...

Geo. N. Dixon M. D.

Medical Attendant.

Address, On of Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72111 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Linde

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 21 Canal St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Diarrhoea

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th

Undertaker Fred Goede

Place of Business, 29 S. Caroline St.

Edward P. McDevitt M. D.
Medical Attendant.

Address, 574 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

Permit No. 72112

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ Dec 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Isabella Suter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 654 Druid Hill Ave

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Ulceration of Pharynx with blood poisoning

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Bello

Date of Burial, Dec 30

Undertaker, T S Hughes

Place of Business,

Chas E Sadler M.D.,
Medical Attendant.

Address, 566 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche O Child

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ~~11~~ *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, after birth

Place of Death, {Give street and number} 624 W Lanvale St

Cause of Death, First, (Primary,) Malarial

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Dec 30 - 83

Undertaker, Evans & Mitchell

Place of Business, 530 W Fayette St

W. A. Newman M. D.
Medical Attendant.

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 7217 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer Woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anna Arundel Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 40 11 Fish Al

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 29" 1883

Undertaker Wm Bevans

Place of Business, 64 East st

G. L. Kummerow M. D.
Medical Attendant.

Address, 73 E. Fath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 7216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Bodie.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 14 days *Years,* *Months,* 14 *Days.*

Color, Black. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 13 Dover Alley.

Duration of Residence in the City of Baltimore, 14 days.

Place of Death, {Give street and number.} 13 Dover Alley

Cause of Death, {First (Primary,) Second (Immediate,) convulsions.

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetery

Date of Burial, Dec 30 1883

Undertaker, William N Longe

Place of Business, No 62 East St

J. W. Bartlett M. D.
Medical Attendant.

Address 340 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bush,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 1 *Years,* 6 *Months,* 22 *Days.*

Color, Mixed *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——— ✓

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 10 Wheeler Court,

Cause of Death, First (Primary.) Teething,

Second (Immediate.) Convulsions,

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician. Saw child first a few days before death.

Place of Burial, Laurel Cemetery,

Date of Burial, Dec 30 1883

Undertaker, William Atkinson

Place of Business, 40 & 42 East st

Harvey L. Byrd, M. D.
Medical Attendant.

Address 127 Washington st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7211 *Office of Registrar of Vital Statistics.* Ward 20th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th, 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Powley.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* 11 *Days*

Color, Black

Married, ~~Single~~ *Widow or* ~~Widower~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death. {Give street and Number.} 11 Parish Alley

Cause of Death. First (Primary), Anasarca. (Senile Decay (etc))

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Dec 29 1883

Undertaker William N Longer

Place of Business, No 62 East st

Frederick Norman, M. D.
Medical Attendant.

Address, 390 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7218 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days,*

Color, Blo

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B'City

Duration of Residence in the City of Baltimore, 1 yr,

Place of Death, {Give street and Number.} 78 Fordhams al

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasm 1

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Dec 29 1883

Undertaker H Ross

Place of Business, 93 Lombard St

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72119 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin S. Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* 18 *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Painter & Photographer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} N 3. S. Exeter st.

Cause of Death, First (Primary), Diseased Kidneys. Heart & Lungs.

Second (Immediate), Think old wound affected his heart

Duration of Last Sickness, 2 Month.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground

Date of Burial, Dec 30th 1883 } E W Dammer *M. D.*

Undertaker Thos. L Hughes } Medical Attendant.

Place of Business, 44 E Pratt } *Address,* 80. Canton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72120 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Evers.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 133 S. Bethel Street.

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Laryngea.

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 30th 83

Undertaker, W Sipp. 2d

Place of Business,

W. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72121 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th of December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Stockman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} No 175 South Bond Street

Cause of Death, {First (Primary,) Old Age / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Dec 30th 83

Undertaker, Wipps & C

Place of Business,

Chas Koerner M. D.
Medical Attendant.

Address No 214 South Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 12122 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander G. Warfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ~~~~.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and Number.} Hoffman St. E. of Belair Avenue.

Cause of Death,
First (Primary), Pertussis (Whooping Cough) & measles
Second (Immediate) Exhaustion from Nervous Excitation
Pertussis — two weeks
Duration of Last Sickness, Exhaustion — four hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30th

Undertaker Geo. Schilling

Place of Business,

J. Fussell Mantel M. D.
Medical Attendant.

Address, Belair Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72123 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gelletta

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 54 Cookie St

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate), " "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Dec 30th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton ave

Lud Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72124 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 28/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allen Gardner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* ~ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~Woodstock~~ Balto. Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 35 N. Wheeler Ave

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. Md

Date of Burial. Dec 31st 1883

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

G. W. Ames M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7210 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Friedman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 176 E. Lombard

Cause of Death, First (Primary), Epistaxis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Ft Peters Cemetery

Date of Burial, Dec 30 1883

Undertaker C. Rossing

Place of Business, 196 E Baltimore St. *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72126 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, 28th of Dec 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Boehm

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 199 George st

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 30th 83

Undertaker, Matthew Badgram

Place of Business, 227 Mulberry St

D. H. Feldmann M. D.,
120 Park Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 84 Stirling St

Cause of Death, First (Primary,) Fatty degeneration of the heart

Second (Immediate,) Serious dropsy Exhaustion

Duration of Last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Evergreen

Date of Burial, Dec 29th 1883

Undertaker, W M Madden

Place of Business, 46 East St

James J Bell M.D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 7128 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec: 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada E. Eichelberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 8 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Parotid abscess

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29

Undertaker, C.W. Hazard

Place of Business, 198 [illegible]

H. C. S. Latimer M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore.

Permit No. 72129 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos M Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanford Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Division

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto cem.

Date of Burial, Sunday 30th Dec.

Chas F. Mitchell M.D.
Medical Attendant.

Undertaker C H Blizzard

Place of Business, Lemmaver & Ld, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72130 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda M Vogler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 58 Hampstead st

Cause of Death, First (Primary), Embolism due to sympt. during convalescence from Diphtheria

Second (Immediate),

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, December 31st 1883

Undertaker "

Place of Business, "

D M Cathell M. D.
Medical Attendant.

Address, 20 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72181 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 46 Sarah Ann St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E H

Date of Burial, Dec 19

Undertaker G Rucker

Place of Business, *Address,* 76 Light St

Robert T Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 72132 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Lacy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* — *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 170 Vaughan Street

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, 30 Dec 1893

Undertaker W. Harle

Place of Business, 82 West Lt

J. K. Wiley M. D.
Medical Attendant.

Address, 195 west Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72133 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City, Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} # 16 Mc Elderry St bowt

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Dec 30th 1883

Undertaker, Wm C Dunger

Place of Business, 62 East St

Saml E Powell M. D.,
Medical Attendant.

Address, # 29 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 72134 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Mann

~~Sex,~~ Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Labor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } 220 S. Bethel St.

Cause of Death, First (Primary), Phthisis Tuberculosis Pulmonalis

Second (Immediate), Anaemia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 31st December 1883.

Undertaker Leonhard Kurz

Place of Business, 277 S. Bond St.

Attended, M. D.

Medical Attendant.

Address, 19 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72135 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Merrill Peterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 127 S. Register St.

Cause of Death, First, (Primary,) Pulmonalis Phthisis.

Second, (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist

Date of Burial, Dec'br 30 83

Undertaker, H. Sanders Son

Place of Business, 252 Canton

H. P. Gosweiler M. D.,
Medical Attendant.

Address, 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7 2 1 3 6 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days,*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 23 E. Madison St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, about 2 hours 2 three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 30 93

Undertaker H C Saunders & Son

Place of Business, 252 Canton Av *Address,* Balt. & Bond Sts

H. C. Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira E. Sharp

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 317 Lexington St E

Cause of Death, First, (Primary,) Disease of Spine

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Winchester Va.

Date of Burial, Dec 31st 1883

O. R. Uhler *M. D.*
Medical Attendant.

Undertaker, John S. Mosher

Place of Business, No 150 Camden St *Address,* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3110 Mar

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 72138 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 30 1883

Date of Death, Dec. 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Harris

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 30 Shuter St.

Cause of Death. First (Primary), Enteritis

Second (Immediate), Convulsions

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Emmets

Date of Burial, Dec 30 1883

Undertaker J J Loeffler

Place of Business, 428 Jefferson N

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 72139 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Dec / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Vosek. (Novak)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 months *Months,* ..... *Days,*

~~*Color,*~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Since October 25th

Place of Death, {Give street and Number.} 244 N. Durham St.

Cause of Death, First (Primary), Croup (Croupe)

Second (Immediate), asphyxia.

Duration of Last Sickness, about 3 weeks.

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cimetery

Date of Burial, Decem 30

Undertaker Forst and Evack

Place of Business S.W. corner Gilbert and Lasel St.

J. Smm M. D.

Medical Attendant.

242 N. B. Way.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 72140 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanley L. Roy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 217 Paca St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Mon Dec 31-83

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont

W. H. Hill M. D.,
Medical Attendant.

Address, 23 E. Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 72141 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M. Cottman,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 241 N. Calvert St.

Cause of Death, First (Primary),

Second (Immediate), Acut Bronchitis,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmount

Date of Burial, Jan 1st 1884

Undertaker Wm Fallons Sons

Place of Business, Park & Saratoga

C. M. Hanck M. D
Medical Attendant.

Address, 75 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Permit No. 72142

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McKim Handy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 ct *Years,* x *Months,* x *Days.*

Color, White

Married, Single, Widow or ~~Widower;~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} W. Eager St no 22

Cause of Death, First, (Primary.) Death sudden. Cause unknown

Second, (Immediate.)

Duration of Last Sickness, Complaining only a few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 31 Dec. 1883

Ryan Brecklin M.D.,
Medical Attendant.

Undertaker, Wm. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 135 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72143 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edgar Metz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Nine *Months,* Nine *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 72 Bayne Street

Cause of Death, First, (Primary,) Dysentary

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, December 31st

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw st

J. C. Hammann M. D.,
Medical Attendant.

Address, 32 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

Board of Health, City of Baltimore,

Permit No. 72144

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 30: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Louisa Mollus

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 477 Lanvale Street

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Cardiac failure

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 31

Undertaker, A Rohde

Place of Business, 45 Penne ave

Wadsworth Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2145 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Decemb. 30 c 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 16 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 387 Lexington st

Cause of Death, First (Primary), Laryngitis Membran.

Second (Immediate), Oedema Glottidis - Asphyxia

Duration of Last Sickness, 9 day

the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 1st 1884

Undertaker Jos Black

Place of Business, No 704 N. Baltimore *Address,* 137 W Lafayette

H Hollaman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B.

Board of Health, City of Baltimore,

Permit No. 72146 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 30 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Conway

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, C

rried, Single, Widow or Widower, { Cross out the word not required in this line. }

ation

thplace, { State or country, and how long in the United States, if of foreign birth. } B. City 3

uration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 5' Hall's alley

Cause of Death, First (Primary), Croup

Second (Immediate), Exhaustion, apnoea &c

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 31st 1883

Undertaker C F Kraus & Son

Place of Business,

R. J. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and e of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72147 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Harn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 3 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Chen

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 74 S Gilmor St

Cause of Death, First, (Primary,) Tracheal Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park,

Date of Burial, Dec. 31/83

Undertaker, J. B. Cook

Place of Business, 7 or W. Balto St *Address,* 306 Hamilton Ave

John Nutt M. D.,
Medical Attendant.

Recorded

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72146 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edmer Ebner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Five *Months,* Eleven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 236 Conway St Baltimore Md

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) "

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Dec. 31 /83

Undertaker, J R. Cook

Place of Business, Cor Ballot Schroder St

G. O. Hunneus M. D.,
Medical Attendant.

Address, 357 Mulberry St

Not Paid

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 72149 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Finch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Turner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 76. Ramsey St

Cause of Death, First (Primary). Consumption

Second (Inamediate). Dropsey

Duration of Last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 1' 1883

Undertaker J. B. Cook

Place of Business, 202 W. Balto St. *Address,* 175 N. Carey St.

B. F. Herman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 72158 : *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Mark Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 2 *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Dressing life

Place of Death, { Give street and Number. } 137 Eastern Avenue

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, abt 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec. 31st 1883.

Undertaker Henry Mc Ginnis

Place of Business, 8 N. Centre ave

Chas. M. Mott M. D.

Coroner & D. ~~Medical Attendant.~~

Address, 69 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

Permit No. 72157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. A. Murrow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 N Eutaw St

Cause of Death, First, (Primary.) Protacted and hurtle

Second, (Immediate.) Paralysis

Duration of Last Sickness, — Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Patricks Cem

Date of Burial, Jan 1st 1884

Undertaker, John J Andrews

Place of Business, 164 Druid Hill Ave

Richard McSherry M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 72162 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Fuller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, ... 1

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Boiler.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 459 Baroaga St

Cause of Death, First (Primary), Meningitis following

Second (Immediate), Measles

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 31, 1883

Undertaker L Haus

Place of Business, 317 Mulberry *Residence,* 306 N Eutaw

C. W. Webb *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72463 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 28–83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dashiells

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* 3 *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 139 Ensor Street

Cause of Death, First, (Primary,) Age ——

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial. Dec 31 st 83

Undertaker, Wm. H. Hickman

Place of Business, 234 & Gay St

Daniel V. Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72167 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29th Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 354 N Shricker st

Cause of Death, First, (Primary,) Concussion of the brain

Second, (Immediate,) From an accident the fall

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, January 1st 1884

Undertaker, John S. Mackin

Place of Business, No 158 Conant

H. M. Nebel M. D.,
Medical Attendant.

Address, 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 7L 165 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Emeck

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 20 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 576 W Balto St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, Jan 1st 1884

Undertaker John L Thatcher

Place of Business, No 150 Camden *Address,*

C J Hoard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72156 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Ries

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death. {Give street and Number.} 68 Eutaw Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Collapse

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial Dec 31 1883

Undertaker Matthews Cadogan

Place of Business 227 Mulberry St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72167 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Druid Hill Ave

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, January 1

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St *Address,* 23 N Eutaw St

Isaac H Mullan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7265 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883 CITY

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1883—

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rayman —

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* 4 *Days,*

Color, white

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, all abv.

Place of Death, { Give street and Number. } 227 N Durham St.

Cause of Death, First, (Primary,) Indigestion —

Second, (Immediate,) Convulsions —

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, December 31

Undertaker, Horst and Lynch

Place of Business, Jaffa & Castle St

B. F. Moore M. D.,
Medical Attendant.

Address, 285 E Biddle.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 141 Chew St

Cause of Death {First, (Primary,) Obscure Symptoms of Intussusception of the bowel
Second, (Immediate,)

Duration of last Sickness, One day

*All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, January 1st 1884

E. J. Wallis M. D.
Medical Attendant.

Undertaker, Henry Lock

Place of Business, 307 N. Eutaw Address, 471 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Charles Wehrman

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Joppa Road Balto Co. Md

Duration of Residence in the City of Baltimore, 13 weeks

Place of Death, {Give street and number} 131 Dolphin St.

Cause of Death { First, (Primary,) Spasmodic Croup.
Second, (Immediate,) A few hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31st 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

F. V. Keller M. D.
Medical Attendant.

Address, 146 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 12161 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Willis Abbott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 509 Light St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 2d week

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 30/83

Undertaker Ann Englar

Place of Business, 267 Light

Robert S. Rowe M. D.
Medical Attendant.

Address, 939 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72162 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Brammell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Foreman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ver

Duration of Residence in the City of Baltimore, 35 y.

Place of Death, {Give street and Number.} 336 N. Fremont

Cause of Death,
First, (Primary,) Cancer of the stomach
Second, (Immediate,) the same

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31/83

Undertaker, Armstrong & Co

Place of Business, 203 Light St

Henry Salzer M. D.
Medical Attendant.

Address, 169 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the du[ty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni[sh] within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo[rth] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a[nd] the cause and date of death, except in cases of births and deaths of illegitimate children. [ov[er]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 72163 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Ellwork Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* & One *Months,* *Days,*

Color, Light Copper

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Year & one Month

Place of Death, {Give street and Number.} No 11 Bolden Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 31st 1883

Benj H Bohner M. D.
Medical Attendant.

Undertaker Wm J Gray

Place of Business, 45 Mulberry St *Address,* Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2164 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883. 7 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael O'Donnell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } St Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 31

Undertaker O'Brien

Place of Business,

Rob W Johnson M. D.
Medical Attendant.

Address, St Joseph Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72165 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First (Primary), ... Second (Immediate), ... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 31st 83

{ *Undertaker* G Francis

{ *Place of Business,* Hams & Wolfe (Address) } .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7266 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Kowalefski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City. Since Birth.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} ** 52 Thames St.

Cause of Death, First (Primary). Entero-colitis

Second (Immediate). .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 31st 83

Undertaker G Frame

Place of Business, Ramz & Meyer *Address,* 243 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12167 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH.

Date of Death, December 30th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Bien

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Year,* 2 *Months,* 4 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Irvington Sh.

Cause of Death, First, (Primary,) Measles,

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 31 st

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Ave

Silas H. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72168 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec - 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Yrs

Place of Death, {Give street and Number.} No - 182, Bank St -

Cause of Death, First (Primary), Paralysis Complicated with

Second (Immediate), Cerebral Lesion.

Duration of Last Sickness, 3rd - (2) - weeks

the above information should be furnished by the Physician.

Place of Burial, St Patrick City

Date of Burial, Jan 2/84

A. I. Clarke M. D.
Medical Attendant.

Undertaker H. W. Jenkins Sons

Place of Business, Park & Saratoga *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72169 *Office of Registrar of Vital Statistics.* **Ward** 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Lobes

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 3 *Years,* 9 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 79 N Amity

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), " "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 1/84

Undertaker J B Cook

Place of Business, 707 W Balto *Address,* 179 N Howard

Thomas Obic M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7178 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Lenz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Since Birth

Duration of Residence in the City of Baltimore, # 277 S. Ann St.

Place of Death, {Give street and Number.} Convulsions Internal

Cause of Death, First (Primary), ...

Second (Immediate), ...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Jan 1st 84 John H. Kelbenger M. D.

Medical Attendant.

Undertaker W Lefferd

Place of Business, ... *Address,* # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ·kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

Permit No. 12171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Clinton Lynch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md -

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 592 W. Lombard

Cause of Death, First, (Primary,) Chronic Nephritis -

Second, (Immediate,) Uremia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, Jany 4 83

Undertaker, Deury & Mitchell

Place of Business, 530 W Fayette

J. J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7272 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29th December 1888,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm R Newcomb

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 12 North Arlington Ave

Cause of Death, First, (Primary,) Cerebral Effusion

Second, (Immediate,) Coma

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~East La Mo~~ Va

Date of Burial, Jany 2/89

Undertaker, D Emmanuel

Place of Business, 500 Pennsylvania Ave *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health to the City of Baltimore.

Permit No. 72173 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person during his illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 30 =

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Snyder

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* = *Months,* = *Days,*

Color, White =

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} Church Home, Infirmary, N Broadway

Cause of Death,
First (Primary), Marasmus
Second (Immediate), Senilis

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1884

Undertaker M. A. Dayer

Place of Business, 74 S. Bway,

F. D. Sam M. D.
Medical Attendant.

Address Church Home & Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to the Law of Disease on this Certificate.

Board of Health, City of Baltimore.

Permit No. 72174 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick Hale

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 6 Harris Alley

Cause of Death. First (Primary), Convulsions —

Second (Immediate), Death Sudden —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 1 = 1884

E. J. M. Mears M. D.
Medical Attendant.

Undertaker Henry Megarris

Place of Business No 8 Eutaw Pl *Address,* 32 Ellsworth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7215 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vida Babel Brien

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {~~Cross~~ out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 36 E. Lombard St

Cause of Death, First, (Primary,) Bronchitis capillaris

Second, (Immediate,) the same

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 1st 1884

Undertaker, I. Lantz

Place of Business, #156 W. Madison St

Henry Salzer M. D.,
Medical Attendant.

Address, 169 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Answer Questions on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72176 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec - 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Rigney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} No 308, E. Pratt St.

Cause of Death, First (Primary), Ulcer of Stomach

Second (Immediate), Exhaustion.

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 2nd 1884

Undertaker M. Delay Ke & Son

Place of Business, 92 S. Ann

A. T. Clarke M. D.
Medical Attendant.

Address, 237 Granby

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72177 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31st December 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Cromwell

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation House-work

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and Number. } 61. Perry St.

Cause of Death, First (Primary). Toxaemia-Puerperal fever

Second (Immediate). Peritonitis et Exhaustion

Duration of Last Sickness. 16. days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemt

Date of Burial, Jan 1 83

C. D. Dyer *M. D.*
Medical Attendant.

Undertaker H Voss

Place of Business, 95 Conway *Address,* 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12178. *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hosea Crosby

Sex, Male or Female, {Cross out the word not required, in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 Stockholm

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Home

Date of Burial, Jan 1883

Undertaker H Rose

Place of Business, 95 Conway

W. S. Booze M. D.
Medical Attendant.

Address, 200 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72179 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED WILL
JAN 1 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 10 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 87 S. Stricker St.

Cause of Death, First, (Primary,) Cancer of Stomach & Hepatic Disease of Heart

Second, (Immediate,) Gradual exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 2nd 1884

Undertaker, Jos B Cook

Place of Business, 1607 W Baltimore Street *Address,* 206 N Carroll

John Duff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72180 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Catharine Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 69 N Broadway

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 12 months

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 3 1884

Undertaker Fly & Bro

Place of Business, 87 N Broadway

O S Mahon M. D.
Medical Attendant.

Address, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72181 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Lapp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. County Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} 79 Harmony Lane

Cause of Death, First (Primary), Measles

Second (Immediate), Cold

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, H B Cabin Camp

Date of Burial, Jan 1/84

Undertaker F. A. Kirchner

Place of Business,

Geo. R. Benson M. D.
Medical Attendant.

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1883

Permit No. 72182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 1 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30th December 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Edwards

~~Son, Male or~~ Female, {cross out the word not required in this line.} Female

Age, 2 Years, 2 Months, ____ Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore St

Duration of Residence in the City of Baltimore, 2 yrs 2 mos

Place of Death, {Give street and number} 38 Gillis' Court

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, One Month 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1884

N. W. Littell, M. D.
Medical Attendant.

Undertaker, William N Dunger

Place of Business, No 62 East St

Address, Fayette & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 72183 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 1 1884
BALTIMORE, MD.

Date of Death, December 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flavia Sewell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 29 Vincent al near Baker st

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial Jan 1 1884

{*Undertaker* William N Dorsey

Place of Business No 62 East st

Alexander Insley M. D.

~~Medical Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 72187 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1/2 past 2 A.M. Tuesday 1st January 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Talbot Wooly

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Carman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } MD

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, { Give street and Number. } Aged Mens Home, Franklin Square

Cause of Death, First, (Primary,) Gen Anasarca

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennount

Date of Burial, Jan 2nd 1884

Undertaker, Hew Enterprise Hall

Place of Business, Park Heights Ave

Geo H Capen M. D.,
Medical Attendant.

Address, Waverly Depot

HEALTH DEPARTMENT, JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72185 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Elizabeth Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Eleven *Months,* Twelve *Days,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 226 E. Madison

Cause of Death,
First (Primary), Measles
Second (Immediate), Pneumonia (Double.)

Duration of Last Sickness, One week 3rd day of Pneumonia

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 3rd 1884

Undertaker Harry Hoeck

Place of Business, 369 N. Eutaw St. *Address,* 105 W. Centre St.

Francis A. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72186 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hervey L Thrift

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 26 & Carline St

Cause of Death, First (Primary), ...

Second (Immediate) measles

Duration of Last Sickness, 8 or 4 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Jan 2. 1884

Undertaker M. A. Daugherty

Place of Business, 94 S. Bway

E Jene Williams M. D.
Medical Attendant.

Address, 503 Eliot St

HEALTH DEPARTMENT JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72187 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1884

CERTIFICATE OF DEATH.

Date of Death, Jany 1 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann & Washington Crothers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 721 N Bond

Cause of Death, First, (Primary.)

Second, (Immediate,) Cerebral

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 2 1884

Undertaker, John W Jackson

Place of Business, Gay bet Lexington

Gattinger M. D.,
Medical Attendant.

Address, 23 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No 72188 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret D Mcnaught

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 147 Chesapeake St

Cause of Death, First (Primary),

Second (Immediate). Pseudo Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Ground

Date of Burial, Dec. Jan. 2. 1884

Undertaker M. A. Dalger

Place of Business, 74 S. Broadway

E. J. Williams *M. D.*
Medical Attendant.

Address 53 E Lexington St.

HEALTH DEPARTMENT JAN 3 1884 BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72189 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Holland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Pats Orphan asylum 113 Gough

Cause of Death, First, (Primary,) Pyaemia

Second, (Immediate,) Carcinoma of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jan. 1. 1884

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

John G. Commarin M. D.,
Medical Attendant.

Address S.W. Calvert & Pleasant Sts

HEALTH DEPARTMENT JAN 2 1884 BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7295 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st. 1883. 8:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Retired Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 27 S. Broadway

Cause of Death, First (Primary), Gastric Fever

Second (Immediate),

Duration of Last Sickness, Ten days

All the above info mation should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan. 2. 1884

Undertaker M. A. Sayer

Place of Business, 44 S. Bway

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72191 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Dobson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 26 Pulteney St

Cause of Death, First (Primary), Scalded, Dec 18th 1883 I was not called in until Dec 26th 1883

Second (Immediate), Gangrene & Debility

Duration of Last Sickness, 22 Days

the above information should be furnished by the Physician.

Place of Burial, Calvert County, Md.

Date of Burial, January 9

H B Noble M. D.
Medical Attendant.

Undertaker B. Wade

Place of Business, 82 West St *Address,* 50 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2194 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. G. Schmitt.

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower*, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 Marshall Ave.

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), Convulsions

Duration of Last Sickness, 1 year

the above information should be furnished by the Physician.

Place of Burial Druid Hill Park C

Date of Burial, January 3

Undertaker B. Ward

Place of Business, 42 West St *Address,* 70 S. Sharp St

Wm Gorsuch *M. D.*
Medical Attendant.

HEALTH DEPARTMENT JAN 3 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72193 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Nagle

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* —— *Months,* 28 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 213 Scott St.

Cause of Death, First (Primary), Inflammation of Bowels, Caused by eating Portions of Glass balls used in trimming Christmas trees

Second (Immediate), Dysentery & Exhaustion

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 3rd. /84

H. H. Haber M. D.

Medical Attendant.

Undertaker Ph. J. Bill & Son

Place of Business, 183 Columbia Address, 298 W. Lombard St.

HEALTH DEPARTMENT JAN 3 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72194 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1st January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Helmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gallitzia, Austria

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, {Give street and Number.} Lancaster & Ch.

Cause of Death, First, (Primary,) Hydrothorax, Hydropericardium

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Jan 2nd

Undertaker, W Leppert

Place of Business,

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & Ch.

HEALTH DEPARTMENT JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

13

Permit No. 1/2 19[illegible]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walnut Ashton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days.*

Color, W,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 112 N. Schroeder

Duration of Residence in the City of Baltimore, 2 11 yrs

Place of Death, {Give street and number.} 112 N Schroeder

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 2/84.

Undertaker, Joseph B. Cook

Place of Business, 107 N Baltimore

L. L. Bir... *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12196 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 4 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Car Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), ascites

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 3d 1884

Undertaker John J Andrews

Place of Business No 416 Druid Hill ave

West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician to report any error in the Returns below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7497 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Behrens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months,* 8 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 49 Harlem Avenue

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 3d 1884

Undertaker, George Schilling

Place of Business,

Thomas Shearer M. D.,
Medical Attendant.

Address, 97 N. Charles St

HEALTH DEPARTMENT
JAN 3 1884
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mary Bullard January 1st

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bullard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 284 N Durham St

Duration of Residence in the City of Baltimore, 15 mos

Place of Death, {Give street and number} 284 N Durham St

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cimitery

Date of Burial, January 2 1884

Undertaker, Forster & Lynch

Place of Business, corn Gaffaus and Lasel st

E Mallon M. D.
Medical Attendant.

Address, 472 N Bond St

HEALTH DEPT. JAN 3 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 72199 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes L Harrmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 402 E Fayette St Balto

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, {Give street and Number.} No 402 E Fayette St Balto

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, St Johns. Cemetery

Date of Burial, January 2 1884

Undertaker, Forst and Evack

Place of Business, Con Jaffa and Carey St

W K Carroll M. D.,
Medical Attendant.

Address, Dolphin & McCulloh

HEALTH DEPT JAN 2 1884 BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12100 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883 9 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schwanse

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 74 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Vienna Austria

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Jan 2nd

Undertaker [illegible]

Place of Business,

J. H. White M. D.
Medical Attendant.

Address, St Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ly entered in the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72201 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest A Clayton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 130 Ramsay St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Meningitis

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharpshurst Cem

Date of Burial, Jan 2 1883

A. McCathran M. D.,
Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Canway *Address,* 343 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72202 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. G. Poole.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* six *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 411. McHenry St

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 2 1884

Undertaker, John B. Paulus

Place of Business, 66 Lord St

Inman F. Hill M. D.,
Medical Attendant.

Address, 17 N. Calhoun St

THE [illegible] JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. King

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 37 *Years,* — 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Irvington - N. J. -

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 215 N. Carrollton Ave

Cause of Death, First, (Primary,) Diabetes Melitus

Second, (Immediate,) Coma -

Duration of last Sickness, One month -

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jany 3rd 1884

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

John J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Board of Health, City of Baltimore,

Permit No. 72284 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1. 1 a m 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen. H Conley

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 58 *Years,* — *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, — —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Martinsburg. W. Va

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and Number.} 947 N. Balto St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) 3 Hours Sick

Duration of Last Sickness, About 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 3, 1884

Undertaker, John H. McElroy

Place of Business, 22 N. Fayette St

C. H. Barton M. D.,
Medical Attendant.

Address, 543 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

20

Board of Health, City of Baltimore,

Permit No. 72205

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Crane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~11~~ 4 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 604 Penna Ave

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) ~~18 days~~

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem.

Date of Burial, Jan 3 1884

Undertaker, Wm H Huckman

Place of Business, 234 N Gay St

Chas E Sadler M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72206 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and Number.} 377 Franklin St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 2d 1884

Undertaker, S. Lewis Schaefer

Place of Business, 109 N Frederick

H. H. Hill M. D.,
Medical Attendant.

Address, 23 Edmondson av

HEALTH DEPT. JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72207 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Krasser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* 6 *Months,* 6 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Butcher

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Bavaria Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and Number. } 806 West Pratt St

Cause of Death, First, (Primary,) Scalded

Second, (Immediate,) Inflammation of Brains

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park,

Date of Burial, Jan. 2' 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 317 Mulberry st

J. C. Hemmeter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72208 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Owen Mc Mahon.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 74 Mulberry st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, 2nd January

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry st

C. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument st

HEALTH-DEPT.
JAN 3 1884
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7209 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Greeley Duncan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 414 Saratoga st

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 2nd 84

Undertaker Matthew Gardner

Place of Business, 227 Mulberry St

W. H. Timanus M. D.
Medical Attendant.

Address, 185 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72218 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry S McGodey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. 112 Wyle ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmo Consumption

Duration of Last Sickness, Une Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial. Jan 3 d

Undertaker, H. C. Winfield

Place of Business, 90 Guilmont Ave

J. Sutton M. D., Medical Attendant.

Address, 213 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72211 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 312 Hanover St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 week

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 3

Undertaker B. Hauch

Place of Business, 62 West St

Wm Gombel M. D.
Medical Attendant.

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72212 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2, 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augustus Schurr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First (Primary), ... Second (Immediate), ... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, 3 Jan

Undertaker W Duppel

Place of Business, 151 W Bond *Address,* .....

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7221 30 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 24 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 18 S. Carlin st.

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, 3 Jan

Undertaker W Dupuel

Place of Business, 131 S Bond st

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

HEALTH DEPARTMENT JAN 2 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72214 *Office of Registrar of Vital Statistics.* **Ward** 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July. 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 335 N. Broadway

Cause of Death.

First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, 4½ Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3 1884

Undertaker Fry & Pue

Place of Business, 67 W Broadway *Address,* # 205 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72215 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Plumber

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 527 Saratoga St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Chill Valv. disease of Heart.

Duration of Last Sickness, about 6 months

At the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, 3d January 1884

Undertaker, Wm Peters Sons

Place of Business, 227 Madison St

A. H. Smith M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72216 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanette Jenkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 19 S. Chapel

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3.) 84

Undertaker John M. Locks

Place of Business, 59 S. Wolfe st

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7221 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Journeyman Saw Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 4 Mos

Place of Death, {Give street and Number.} Cor Gruntz Ave & Townsend Alley

Cause of Death,
First (Primary), Consumption
Second (Immediate), Hemorhage

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Long Green Baltimore Co

Date of Burial, Jany 2/84

Undertaker Andrew J Hagan

Place of Business,

A. H. Hunter M. D.
Medical Attendant.

Address, 36 Gruntz Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72218 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Elbert

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 10 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 105 York n

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Valvular disease of heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, January 3

Undertaker, H Ross

Place of Business, 95 Lombard St

J Ramey Hill M. D., Medical Attendant.

Address, 119 Edmondson.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72219

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72219 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Proctor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 13 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 94 Henrietta St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lisbon

Date of Burial, January 3 1894

Undertaker Samuel H. Case

Place of Business, 198 Pratt *Address,* 210 Sharp St.

H. S. Bouze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12224

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12220 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Loesch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 263 Eastern Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cem

Date of Burial January 4. 1884

Undertaker H. S. Snyder Son

Place of Business 202 Eastern Ave *Address,* 22 Jackson Place

Thomas B. Evans, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12221 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1884 3.35 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Emmy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 14 *Months,* 1 Week *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 479 E. Avenue

Cause of Death, First (Primary), Confluted Measles.

Second (Immediate) .....

Duration of Last Sickness, Four days - Did not attend Skl.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Samuel Cem.

Date of Burial, Jany 3. 1884

James E Brailly M. D.
Medical Attendant.

Undertaker H. Sanders & Son

Place of Business 252 Eastern Ave *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7222 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schilling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 2165 Bethel Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem.

Date of Burial, Jany 3. 1884

Undertaker H. Frauenthal Jun

Place of Business 232 Aisquith

Chas. M. Moffit M. D.
Coroner & ex-officio ~~Medical Attendant~~.

Address, 67 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Louisa Riesel.

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, None.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 58 W Madison St.

Cause of Death, First, (Primary,) Cancer of Rectum.

Second, (Immediate,) Exhaustion.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 4th 84

Undertaker, Wm Ensor & Son

Place of Business, Park & Saratoga

Hart P Smith, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 71224

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria S Pettings

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married or Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 41 Boundary Avenue

Cause of Death, First, (Primary.) Cancer of Uterus

Second, (Immediate.) Asthenia

Duration of Last Sickness, About four years

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem

Date of Burial, Jan 3rd 1884

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga

N. P. Childs M.D.,
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72225 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & John Quinlan (Twins)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ½ hr *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 169 Hull

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 4

Undertaker Wm Fulton

Place of Business, ...

Geo. W. Dunn M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72226 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Newble.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* ——— *Days,*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum

Cause of Death,
First (Primary), Measles —
Second (Immediate), Congestion of lungs —

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 3/84

Undertaker Frank McVeagh.

Place of Business, Frank & Townsend.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. Calton.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72227 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lenard.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} No 16. Eden St. East.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhausting.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 2. 1884

Undertaker, Wm. M Burgee

Place of Business, 62 East St

J. E. Heard. M. D.,
Medical Attendant.

Address, 216 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12228 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phip Nancy Cullum

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 198 N Broadway

Cause of Death, First (Primary), Genrl Debility &c.

Second (Immediate),

Duration of Last Sickness, Ailing for a long while

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 4th 1884.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7229 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Woods

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Fancy House

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} 50 Chestnut St

Cause of Death, First (Primary),

Second (Immediate), Prostration

Duration of Last Sickness, 4 hours

All the above Information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Jan 2

Undertaker Kennedy

Place of Business,

H. Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 72220

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF ~~DEATH~~ Dr

Date of Death, Dec 29 " 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant - Mary Hazlett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 12 hours *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland 161 N Lambard

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, {Give street and number.} 161 N Lambard

Cause of Death, First, (Primary.) Cyanopathy

Second, (Immediate.) Do.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~E~~ C

Date of Burial, Jan 2

Undertaker, G Runnan

Place of Business,

W. P. McIntosh *M.D.,*

Medical Attendant.

Address, 161 N Lambard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No.

Board of Health, City of Baltimore,

Permit No. 72231 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Parker (Col'd) Mother Twins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 24 Raborg st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 24 Raborg st

Cause of Death, First (Primary), sick - from Birth:

Second (Immediate), very small - and weak Infants. debilitated and die in an hour or two of each other

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, West Pub County

Date of Burial, Jany 1st 1883

Undertaker Fred A Kuehner

Place of Business, 129 N Arlington Ave

Alexander Tinsley M. D.
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [color] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7223 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Fisher

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 24 Raley St

Cause of Death, First (Primary), ...

Second (Immediate), Strangulation

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 1

Undertaker C Kerdiman

Place of Business, ...

Geo. K. Simm M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7200

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7223 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm & Sarah Wollard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, C C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 229 Aisquith

Cause of Death, { First (Primary), ... Second (Immediate) Pneu Bron

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 2

Undertaker C Kerdun

Place of Business, ...

Geo. W. Benson M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No 72234 ; *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fil* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janu 3, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos N. Brann,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Furnace - tender.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 61 S. Washington.

Cause of Death, First (Primary),

Second (Immediate) Cancer of Stomach.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Potts Cem.

Date of Burial, Jan 5th 84

Undertaker G. Evans

Place of Business, Evans & Wolf Address, 95 Park Ave.

A. H. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No 72235. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert James Adams,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 296 E. Lombard,

Cause of Death, First (Primary), Typhoid-Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Eleven days,

All the above information should be furnished by the Physician.

Place of Burial, St. P. & M. Cemetery

Date of Burial, Jan 4th 84

Undertaker G. Francis

Place of Business, Bank & Wolfe *Address,* 143 Aisquith

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72256 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 2d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos A. Estridge.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Can Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Michaels Md

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and Number.} 180 Bank St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 5th 83

Undertaker, G. Franey

Place of Business, Jones & Wolf

Jno. L. Powell M. D., Medical Attendant.

Address, 227 Carollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 7225 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Zachaski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburgh Pa.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} # 33 Shakspeare St.

Cause of Death, First (Primary), Croup (Diphtheria)

Second (Immediate),

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 3rd 84

Undertaker G. Thance

Place of Business, Bond & Wolfe

John A. Kehberger M. D.
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72238. *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Neuschaefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 238 S Dallas St.

Cause of Death, First (Primary). Pneumonia

Second (Immediate). Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 3d 83

Undertaker G. Franck

Place of Business, Park & Mt. *Address,* 1143 Aliceanna St.

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72239 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Higgins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 Mo *Days,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 30 S Stricker between Lee

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Hoy Cem

Date of Burial, Jan 5

Undertaker C C Krause

Place of Business, ...

Geo. H. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Amey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 Years, ____ Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Most of his Life

Place of Death, {Give street and number} 148 S. Paca St. Balto City

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, about 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 4th

Undertaker, Wm. J. Treiber

Place of Business, 65 S. Eutaw St

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7241 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Philip Guy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 118 E. Pratt St

Cause of Death,
First (Primary), Congestion of brain
Second (Immediate), Convulsions

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 4th 1884

Undertaker James O Byrne

Place of Business, No 63 N Front

G. S. Runnemon M. D.
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72242 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Theodore Longa

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* 23 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Since Life.

Place of Death, {Give street and Number.} 111 Union St.

Cause of Death, First, (Primary,) Catarrhal Pneumonia.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 4

Undertaker, Walter Immel

Place of Business, 315 W. Bidde[illegible] *Address,*

D. Richter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7224 3 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Blake

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, b

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 91 N Bethel St

Cause of Death, First (Primary), 3 Heart Disease

Second (Immediate), 3 Suffocation Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4th 1884

Undertaker J. J. Locke

Place of Business, #72. Jefferson

Chas. McMorfit M. D.

Medical Attendant.

Coroner's

Address, 67 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12244 **Board of Health, City of Baltimore.**

Permit No. 7237 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dempler

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* 1 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 8 Portugal Court

Cause of Death, First (Primary), Phthisis pulmonum

Second (Immediate), Haemoptoë

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 3rd 84

Undertaker G. France

Place of Business, Bank & Wolfe *Address,* 918 S. Baltimore St.

J. Hutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th of January, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susannah Beasley.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 74 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } # 379. E. Balto St.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,) Asphyxia

Duration of Last Sickness, 6 or 8 Days

All the above information should be furnished by the Physician.

~~Date~~ *Place of Burial,* Jany. 5th/84

Date of Burial, Green Mount Cem

Undertaker, W. A. Draper

Place of Business, 745 S. Broadway

J. M. Coskrill, M. D.
Medical Attendant.

Address # 340. E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12246; *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of A. F. & E. G. Hellmann,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 Hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 646. W Lombard St.

Cause of Death, First (Primary), Unknown. Stomach Inflamed, and

Second (Immediate), Generally Bad Habit of Body.

Duration of Last Sickness, Died 10 Minutes after Delivery,

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetry

Date of Burial, January 4th

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore

Chas. J. R. Gross M. D.
Medical Attendant.

Address 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 2247 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver J Phipps

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 117 S Stricker St

Cause of Death,
First (Primary), Consumption of Lungs
Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 5th 1884

James Bolen M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules Printed Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12246 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 3. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Neilson Poe.

Sex, Male or Female, { Cross out the word not required in this line. } M.

Age, 74 *Years,* 3 *Months,* 23 *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Atty. at Law

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 111 Park Av.

Cause of Death, First (Primary), Senile decay, beginning

Second (Immediate), in the Spring of 1883 —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 5 Jan 1884 Christopher Johnston M. D.

Medical Attendant.

Undertaker Hugh Sisson & Sons

Place of Business, Park & Saratoga *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

Permit No. 72249

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Avalon Reiber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 14 Jackson St

Cause of Death, First, (Primary.) Bronchitis Capillaris

Second, (Immediate.) Asthenia

Duration of Last Sickness, 12 da

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Jan 4th 1884

Undertaker, Geo. Saffran

Place of Business, 121 Pennsylvania Ave

H. A. Wright M.D.,
Medical Attendant.

Address, 19 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72250 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Hill Dell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 461 Franklin Ave

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Cyanosis from malformation of heart

Duration of Last Sickness, Only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jan 5th 1884

Undertaker, H. Lewis Schaefer

Place of Business, 1094 Fremont Address, 23 Edmondson Ave

A. F. Hill, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12251 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Mary Cole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 3 *Days,*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, ~~Hen~~ Bonnie Brae

Date of Burial, Jan 4

Undertaker G Ruckert

Place of Business,

Thos J Ware M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 12252

Board of Health, City of Baltimore.

Permit No. 72252 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederica Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 6 *Months,* 5 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 68 Camden St.

Cause of Death, First (Primary), Cancer (Epithelial) of intestines.

Second (Immediate), Constipation (Fecalia Dynamiden) 2 weeks

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Pk. County

Date of Burial, Jan'y 4th 84

Undertaker C. N. Troll

Place of Business, 131 Hanover St

Baltimore M. D.
Medical Attendant.

Address, 137 Wrapte St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7253 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Joseph

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ~~———~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum

Cause of Death, First (Primary), Measles

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 4/84

Undertaker Frank McVeagh

Place of Business, Dissin & Thom

R. H. Chrisman M. D.
Medical Attendant.

Address, Hanover, Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

Permit No. 7225 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d - 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Corney Down -

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } - Baltimore -

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles.

Second (Immediate) Diarrhea, Exhaustion.

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 4th. Jan. / 884

Undertaker Frank Mac. Veagh

Place of Business, Fairmount Avenue

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12265

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 3 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Bayne

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 21 years 1 *Years,* — *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 141 - N. Arlington ave.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Saturday Jan 5th

Undertaker, Denny & Mitchell

Place of Business, 558 W Fayette

J. Swaardson Jr. M.D.
Medical Attendant.

Address, 1 St Paul Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8114

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12266 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 3-1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmer R. S. Railing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 123 Lemid Hill ave

Cause of Death, First, (Primary,) meningitis

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Fredrick City Md

Date of Burial, Jan. 4

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* 219 Madison ave

G Lane Tanyhill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7225 *Office of Registrar of Vital Statistics.* **Ward** Jail

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *Accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Wilson

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 255 Hughes St

Cause of Death, First (Primary), Phthisis

Second (Immediate) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 4

Undertaker F Gerdum

Place of Business,

E. S. Borzi M. D.
Medical Attendant.

Address, 210 Shaft St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72256 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART JAN 4 1884 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Jan 3/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Healy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto dec

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 18 E. Monument St.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bay View Bay View

Date of Burial, Jan 6

Undertaker H. H. Mears

Place of Business, 115 N. Eary St *Address,* 347 N. Central Ave

H L Lynn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12269

HEALTH DEPARTMENT
JAN
1884
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hall

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 80 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carlisle Pennsylvania

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} 39 S. Sticker St.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Old age

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, 6 Dec

W. H. B. Sellman M. D.
Medical Attendant.

Undertaker, J. J. Chatmer

Place of Business, 298 Howard St *Address,* 46 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 2260 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dietrich Eltz

~~Sex~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Granby

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan'y 5th 1884

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann St. *Address,* 258 E. Baltimore

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12261

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12261 *Office of Registrar of Vital Statistics.* **Ward** 13.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 4. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bauman

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, W.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} No. 304 N. Fayette

Cause of Death. First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, January 7th 1884

C. W. Wolff M. D.
Medical Attendant.

Undertaker Wm. O'Weaver

Place of Business, No 302 N. Eutaw *Address,* 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72262 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Marguerite Louise Menefee

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mo 4 " 1884

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married & Co

Occupation, Housekeeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 86 Carroll Avenue

Cause of Death, First, (Primary,) Inf C Bronchitis Kidneys.

Second, (Immediate,)

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 6th 1883

W. Riley M. D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72263 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jany 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Räth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} D^r Joseph's Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Jan 6 83

Undertaker G. Frank

Place of Business, Dana & Wolfe *Address,* 188 N. Calvert St

Oscar J. Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72264 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *if himself filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 January 4th 84-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Everett Pomroy

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Seaman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Ulceration & Perforation of Colon

Duration of Last Sickness, (?) in hosp- since Dec 11-83.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 6 1884

Robt W Johnson M. D.
Medical Attendant.

Undertaker John Hervey

Place of Business, 382 Orleans St *Address,* St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72266 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 January 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 4 *Months,* 26 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carpenter Canadian

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 13 L. McElderry St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, ab. 3 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6. 1883

Undertaker Wm H Hickman

Place of Business 234 W Gay St. *Address,* 57 Aisquith St.

C H Cottman, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th of Jan 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Eagner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 S. Arlington Ave

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, January 6

F. T. Benson M. D.
Medical Attendant.

Undertaker, John P. Poulus

Place of Business, 66 Frederick Ave *Address,* 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[o...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72267 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henriette L. Freas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* Five *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No. 9 S. Frath Caroline St.

Cause of Death, { First (Primary), ... Second (Immediate) Trismus Nascentium

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, Jan 5/84

Undertaker Frye Bro

Place of Business, 81 N Bradderay

Wm H Glendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 72268 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. L. Hooker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Six (6) *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 421 Washington Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Nine (9) Days

the above information should be furnished by the Physician.

Place of Burial, Holy Rose

Date of Burial, Jan 30th 84

Undertaker Key & Son

Place of Business, 51 W Broadway

C. A. Asher M. D.
Medical Attendant.

Address, 1 E of Eutaw Baltimore

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 72269 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Leonard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 824 W Pratt St

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 6th 1884

Undertaker, S. M. Leonard & Son

Place of Business, 782 W Baltimore

I H Nelson M. D.,
Medical Attendant.

Address, Balto Carlton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72270 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. H. Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* 21 *Days,*

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 287 Hanburg St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 6 84

Undertaker H Rees

Place of Business,

Wm Gould *M. D.*
Medical Attendant.

Address, 170 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7227 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jan 2 1884~~ Jan. 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace M Grannan.

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 411. Mc Henry St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Twelve Hours.

All the above Information should be furnished by the Physician.

Place of Burial Loudon Pk

Date of Burial, Jan 6

Undertaker, [illegible]

Place of Business,

Truman F Neil M. D.,
Medical Attendant.

Address, 7 N. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

205

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72272 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 5 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Murray

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 8 (about) *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto 2

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Labor

Second (Immediate), Cepticaemia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 6/84

Undertaker J. B. Cook

Place of Business, 709 W. Balto. St.

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 72273 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sat 4/12

Full Name of Deceased. {Write legibly and spell correctly. If infant not named, give names of parents.} Mary Kuper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 17 *Months,* 6 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 3 Wyche Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasm

Duration of Last Sickness, Twenty one Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 8th 1884 L. Shaw *M. D.*

Medical Attendant.

Undertaker Geo. Steinbach

Place of Business, 289 W. Baltimore St. *Address,* 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72274 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 3rd " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Logan

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Stone cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 203 Chestnut

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 5 1884

Undertaker James P. Byrne

Place of Business, No 63 N Front St *Address,* 171 N. Calvert St

C. J. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 12276 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Home

Cause of Death, First, (Primary,) ~~Measles~~ & General Debility

Second, (Immediate,) Measles

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 5 84

Undertaker, C. H. Blizard

Place of Business, 97 Penna

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 72276 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ December 5th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christie Schultze

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6. *Months,* ——— *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 270 S Sharp

Cause of Death, First (Primary), Exhaustion & Cellulary Bronchitis

Second (Immediate). Meningitis

Duration of Last Sickness, 9 Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7th 1884

Undertaker Ernst Sahloman

Place of Business, 181 Sharp Street *Address,* 226 Mulberry St

Louis C. Hoen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 12277 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 5th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Moores.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 24 S. High St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Marasmus.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, January 6th 1884

Undertaker Wm Eilau

Place of Business, 101 Gough St *Address,* 95 Park Ave,

A. R. Esich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 72276. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Marriott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} No. 33 North Street

Cause of Death, First (Primary), Violent attack of indigestion

Second (Immediate), I think paralysis of the heart.

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 6th 1884

Undertaker Fahr Jake

Place of Business, 166 Balt. St.

Milton N. Taylor M. D.
Medical Attendant.

Address, No 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 72279 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} Harrison St 106

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 8 months

the above information should be furnished by the Physician.

Place of Burial, St Lawrence

Date of Burial, Jan 5 1884

Undertaker J. P. Byrne

Place of Business,

O Talbot M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on back of this

9

Permit No. 12288

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Berry.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, ~~ed~~

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 18 New Church Ct-

Cause of Death, First, (Primary.) Cancer of uterus

Second, (Immediate.) Cancerous infiltration of tissues generally

Duration of Last Sickness, Three with gradual exhaustion.

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 6. 1884

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

Wm. G. Jan M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72281 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Anna Green

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, All her life.

Place of Death, { Give street and Number. } 222 Mulberry

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Heart failure

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Jan 6 1884

B. H. Turner M. D.,
Medical Attendant.

Undertaker, Jno Dennard & Son

Place of Business, Alexandria Va

Address, 215 Duke St. Alex'a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72282 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5 - 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannitta E. Tull's

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 8 mon *Months,* *Days,*

Color,

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 208 Barre St.

Cause of Death, { First, (Primary,) Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 6 1884

Undertaker, Wm S Mackey

Place of Business, 16 E Saratoga

J. Tyler Smith M. D.,
Medical Attendant.

Address, 167 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72283 *Office of Registrar of Vital Statistics.* Ward 7

DEPARTMENT OF HEALTH JAN 5 1884 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *faithfully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1884 6 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E. Andrew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co - Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Josephs Hosp. —

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Ten days —

All the above Info mation should be furnished by the Physician.

Place of Burial, Denton Md.

Date of Burial, Jan. 5th 1884

Undertaker Armstrong & Donn

Place of Business, 263 Light St

Rob W Johnson M. D.
Medical Attendant.

Address, St Joseph Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 72284 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Somerville

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Wayne St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 6 1883

Undertaker Morgan & Pyle

Place of Business, 9 Mulberry St

W. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and circumstances of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on the Back Hereof.

Permit No. K285

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jean Howard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colard

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Non

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All Her Time

Place of Death, {Give street and number.} No 57 Pine Alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Pulmonary

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 5 1884

Undertaker, W. P. Chase

Place of Business, 199 Hanover

Dr. Bond M.D.,
Medical Attendant.

Address, No 36 Davis

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72256 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Pennington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 mo.

Place of Death, {Give street and Number.} Hoffman Street 259

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Stamp M. Cemetery

Date of Burial, January 7 1884

Undertaker Ref Hemsley

Place of Business, 116 Orchard St *Address,* 616 West Balto. St.

B. S. Tilcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 7227 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John N. Doyle

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 327 N. Douglass St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Jan 6th 1884

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St.

E. Shaw M.D.
Medical Attendant.

E. O. Eager & Son
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No 72288. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ed Kamler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 20 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 107 N Eden St

Cause of Death, First (Primary),

Second (Immediate). Diphtheric Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 7th 1883

A Lee Shorter M. D.
Medical Attendant.

Undertaker Henry Wm Ginnis

Place of Business, 41 N Central Ave *Address,* 88 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12289 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennett Ensright

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* ——— *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 34 Bunnie St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 6th 1884

Undertaker, H. Saunderson

Place of Business, 252 Eastern ave

J E Prichard M. D.,
Medical Attendant.

Address, 280 Bonnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 12290 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTO. DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Koch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 260 Canton av.

Cause of Death, First (Primary),

Second (Immediate) Infantile convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 7 1884

Undertaker H. Landis & Son

Place of Business, 252 Canton av

R. W. Manspiced M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7229 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Lauth

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 68 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower {Cross out the word not required in this line.} widower ✓

Occupation, Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gifhorn 30 years in U. S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} N Frederick St 43

Cause of Death, First (Primary), Old age

Second (Immediate), General weakness.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 1884

L. J. Reinhold M. D.
Medical Attendant.

Undertaker H. Saunderson

Place of Business, 252 Lexington ave *Address* 205 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72292 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie J. Barnickle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* Six *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} 182 N. Dallas St.

Cause of Death, First (Primary) Tubercular Meningitis

Second (Immediate) Marasmus

Duration of Last Sickness, Twenty (20) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, January 7.

Undertaker, ~~Undertaker's Co.~~

Place of Business, 1. W. corner Jefferson & Eastern Aves.

E. W. Place M. D.
Medical Attendant.

E. O. Engelhardt
Undertaker,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72293 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow or Widower~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 195 Pruntun

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 195 Pruntun

Cause of Death, First, (Primary,) Imperfect Closure of heart

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Jan 6th 1884

Undertaker, John J Andrews

Place of Business, No 476 Druid Hill Ave

G. W. Sims' M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the ... Side.

10 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72 294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Perkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 63 Sarah Ann St

Cause of Death, First, (Primary,) Cerebral trouble. - Supervened

Second, (Immediate,) with Malaria

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, June 6 1884

Undertaker, D. H. Chase

Place of Business, 98 Lombard St

J. Knighting M. D.
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12295 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Elizabeth Carroll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 1 Lexington St.

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lawn

Date of Burial, Jany 7 1884

Undertaker, J. D. Wehare

Place of Business, 148 D Howard St

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72296 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Woods.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* *Days,*

Color, White. "

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, 44 years.

Place of Death, {Give street and Number.} 330 North Howard St.

Cause of Death, First, (Primary,) Pulmonary Tubercle

Second, (Immediate,) " "

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 8th 1884.

Undertaker, Charles Serrine

Place of Business, 271 Eutaw St

Edwd A. Reamy M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Rosa Virginia Dougherty~~ Jany 6 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa V. Dougherty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 Years, 3 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 631 W Lombard St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Paralysis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 7th 84

J. E. Lloyd M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 72298 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm F Turtle. jr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* — 2 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 211 Madison Ave.

Cause of Death, First (Primary), Premature birth

Second (Immediate), Exanation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Jan 6

Undertaker W C Turtle

Place of Business,

John L Purnell M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 72299 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Williams.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Measles -

Second (Immediate) Congestion of lungs.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, Jan. 7/84.

Undertaker Frank McVeagh -

Place of Business, Fisher & Forrest *Address,* Harlem av. Calhoun.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 12305. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th - 1884 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Bull -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Measles.

Second (Immediate), Congestion of lungs.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Jan. 7/84.

R. H. Goldsmith, M. D.
Medical Attendant.

Undertaker Frank McVeagh

Place of Business, Fairview Avenue *Address,* Harlem av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Wheeler Wilson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 60 Franklin St.

Cause of Death, { First, (Primary,) } S Carolina.

{ Second, (Immediate,) } Asthenia

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 7th 84

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,*

Mont Steele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ial Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 72302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 6 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Tegan

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 303 N Eutaw St

Duration of Residence in the City of Baltimore, 1 yr 11 mos

Place of Death, { Give street and number } 303 N Eutaw St

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cimitery

Date of Burial, January 7

E. G. Wells M.
Medical Attendant.

Undertaker, Yost and Evach

Place of Business, corner Lafayette & Eden Address 417 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Notices Below [illegible]

Board of Health, City of Baltimore.

Permit No. 12803 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Nosick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three (3) Years, Four (4) Months, —— Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 6 Barnes Alley

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns cimitery

Date of Burial, January 7

Undertaker J. Forst and Evach

Place of Business, corner Jaffason and Eutaw

J. W. Abel M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72304 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane C. Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 19 N. Broadway

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, January 7th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 19 N Broadway

D. J. Mary *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No 72806 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W Sitka

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} South St. dock

Cause of Death, First (Primary),

Second (Immediate) Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial Jan 8 1884

Undertaker James O Byrne

Place of Business, No 63 N Gran St

F G Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible]

Board of Health, City of Baltimore.

Permit No. 12306 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 1 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 237 Orleans St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Died in a convulsion

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 7

Undertaker J. J. Locks

Place of Business,

D W Cathell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 7357 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Pritchard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *~~Months~~,* *~~Days~~,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 4 S Eden st

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, Six Months

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 7

Undertaker J. F. Forks.

Place of Business,

Thos. R. Evans M. D.
Medical Attendant.

Address, 21 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 72308 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and Number.} 367 McKay St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 7th

Undertaker Jos. B. Cook

Place of Business, 70 E. Pratt

James Bosley M. D.
Medical Attendant.

Address, 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 72309 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Miller jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and Number.} 161 S. Ann st.

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness, Eight Months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, January 8th 1884

Nicholas L. Dashiell, Sr. M. D.
Medical Attendant.

Undertaker H. Sanderson & son

Place of Business, 252 Canton ave *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 72810 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary Morris

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Eighty One *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow ✓

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, { Give street and Number. } No 11 South Exeter Street

Cause of Death, { First (Primary), Old age (Prostration)
Second (Immediate), }

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Bals

Date of Burial, Jan 8

Undertaker, H Sander Dson

Place of Business,

Wm H Clendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72311 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Hasson House

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 177 E Fayette

Cause of Death, First (Primary), Teething Measles

Second (Immediate), Congestion of the lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 8

Undertaker C S Hughes

Place of Business, ...

J R Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 72312 *Office of Registrar of Vital Statistics.* **Ward** [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Rumenap

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 4 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 277 Hanover St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), De Laueiro.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8, 1884 Augustus Wood M. D.

Medical Attendant.

Undertaker Ernst Schlamm,

Place of Business, 181 Sharp St. *Address,* 207 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13 **Board of Health, City of Baltimore,**

Permit No. 12313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Costa Rose

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 28 W Lexington St Balto City

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Valvular Dis: of heart & Pneumonia

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial Fell Point Cemetery

Date of Burial, January 7th

L. L. Clagett M. D.
Medical Attendant.

Undertaker, P. Ahrens

Place of Business, Bl & High *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 72814 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 5th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Coulsere

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* — *Months,* — *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 20 E So. Bond

Cause of Death, First (Primary), Senile decay

Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Methodist C

Date of Burial, Jan 7th

Undertaker W. Leppert

Place of Business, ...

D. L. Christian M. D.
Medical Attendant.

Address, 79 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 72314 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janvay 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Nare

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Bethel & Aisquith Sts

Cause of Death, First (Primary), Gunshot wound (Homicide)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope

Date of Burial, Jan 7

Undertaker Coy & Bro

Place of Business,

Chas. M. Moffit M. D.

Corner & ~~Medical Attendant~~.

Address, 62 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 72316 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kenny

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Years —

Place of Death, {Give street and Number.} # 122 Hamburg St

Cause of Death,
First (Primary), Intemperance and Exposure
Second (Immediate), "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Wednesday Jan 9th/84

Undertaker Michael Doyle

Place of Business 200 S. Charles st

Ad... Hamburg St.

... Bell M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a fu... correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any p... in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, wh... es under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintend... certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married o... e person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72217 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Lathrum

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Wks—

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate) Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial January 7th 1884

Undertaker James P Byrne

Place of Business, ho 63 n Front St

W R Clark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Frank

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 40 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tavern Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} In Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Cor Saratoga & Pearl Sts

Cause of Death { First, (Primary,) Hamaptysis
Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Jan 7

{ Undertaker, Evans
Place of Business,

Geo. G. Brewer M.
Medical Attendant.

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 72319 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. F. Haynes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 255. N. Stricker St

Cause of Death, First (Primary).

Second (Immediate) Consumption of Lungs—

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 8th 84

Undertaker J. G. Blanchard F. R. McSherry M. D.

Medical Attendant.

Place of Business, 320 Pennsylvania Ave *Address,* 182. W. Fayette St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72320 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Spangenberg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 9 *Days,*

Color,

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 409 W Pratt st

Cause of Death, First (Primary), Insuff of bicuspid valv. of heart

Second (Immediate). Anasarca, Asthenia

Duration of Last Sickness, several years

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th 1884 Fullerton M. D.

Medical Attendant.

Undertaker Geo Geisenbach

Place of Business, 389 W. Pratt *Address,* 189 Wayne st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 2321 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Mack

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 3 *Months.* 0 *Days,*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year & 3 months

Place of Death, {Give street and Number.} No 238 Harmony Lane

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 8 1884

Undertaker J W Allen

Place of Business, 198 S Howard

B F Bohn M. D.
Medical Attendant.

Address, cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 72322 ; *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1.7.84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Donahue

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and Number.} 213 Lemmon al

Cause of Death, First (Primary). Convulsions

Second (Immediate).

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 7 ar

Undertaker Jos. B. Cook

Place of Business, 707 N. Balto

R. M. Eastman M. D.
Medical Attendant.

Address, 247 Lem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 72323 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Loots

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* 2 *Days,*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Liquor Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 429 N Fremont St

Cause of Death, First (Primary), Albuminuria

Second (Immediate),

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 8/84

Undertaker J. B. Cook

Place of Business, 207 W. Balto St *Address,* Penn & Eutaw Sts

N J Mount M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 12324 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret C. Christie

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 34 *Years,* 7 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 331 N. Carolina St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Jan 8th/84

Undertaker C. P. Manzer & Son

Place of Business,

Eo Schuer M. D.
Medical Attendant.

Address, E. Ca Bet 6th & 7th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 72328 *Office of Registrar of Vital Statistics.* **Ward** 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 7
1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Matilda Sutton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 17 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 10 Grays Court

Cause of Death, First (Primary), Heart Disease (Supposed)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8 1884

Undertaker Alex Hamsley

Place of Business, 116 Orchard st

Wm H Hunt M. D.
Coroner
Medical Attendant.

Address, 62 Abell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Wallace Shall

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 11 mos

Place of Death, {Give street and number} 161 Vine St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Blood poisoning

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, January 8 1884

{ *Undertaker,* Alex Abernethy
Place of Business, 116 Orchard st

J. H. Branhard M. D.
Medical Attendant.

Address, 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., PRINTERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that on Back of this.

Board of Health, City of Baltimore,

Permit No. 72327 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Tyler

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, Three *Years,* ——— *Months.* ——— ~~*Days,*~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 1 Wales Ct.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} No 1 Wales Ct.

Cause of Death, First (Primary), Hooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Church St

Date of Burial, Jan 8

Undertaker H Hemsley

Place of Business 116 Orchard st

F. B. Gardner *M. D.*
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72328 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J Horace Ennis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days,* 1

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 49 State St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7 1884

Undertaker, W H Bechtold

Place of Business, 97 Druid Hill Ave

Geo W Jones M. D., Medical Attendant.

Address, 104 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 72329 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Young

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 11 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 Vine st.

Cause of Death, First (Primary), Insanitation

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Jany 7/84

Undertaker Wm W Madden

Place of Business,

Geo. H. Jones M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 72330 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla L. Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 133 Hanover St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemmorhage

Duration of Last Sickness, 4 Weeks

the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, January 8th

Undertaker B. Myers

Place of Business, S. W. Mart St

Robert S. Rowe M. D.
Medical Attendant.

Address, 833 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72331 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Peterman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* ..... *Days,*

Color, Wh.

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 139 E Fayette St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Coma

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Lisser's Meeting House Balto Co

Date of Burial, Jan 8th

Undertaker Geo. Schilling

Place of Business, Arkland Square

E. T. Turner M. D.
Medical Attendant.

Address, 51 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 12332 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Trissell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, three *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 314 Mc. Donnough St.

Cause of Death, First (Primary), Catarrhs

Second (Immediate), Consolidation of the lungs

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 9. 1884

Undertaker John W Jackson

Place of Business, Guy & Carnahan *Address,* No 138 E Baltimore

A Dillon Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules and Regulations [illegible]

Board of Health, City of Baltimore,

Permit No. 72333 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustave Polesi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 9 East St

Cause of Death. First (Primary), Cancer of Jaw

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, St Vincents C

Date of Burial, Jan 7 84

Undertaker W Keppel

Place of Business,

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12334 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January December 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Green

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 198 Bolton st

Cause of Death, First (Primary),

Second (Immediate) Apoplexy,

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn County

Date of Burial, Jan 7 1884

Undertaker Morgan & Pyle

Place of Business, 9 Mulberry st

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3116 Fawcett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 12335 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 76 Greenmount Ave

Cause of Death, First (Primary),

Second (Immediate), Malignant Diphtheria

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Jan 8th 1884

Undertaker James P Byrne

Place of Business, No 63 N Front St

Silas H. Hunter M. D.
Medical Attendant.

Address 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 12336 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 132 N. Caroline St

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate), Apoplexy of the Lungs

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemt

Date of Burial, January 10

Undertaker E B Cook

Place of Business 707 W Balt

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended dtring his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7233 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ockanary

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 16 Morris alley

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) " "

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8 1884

Undertaker, Alf Hemsley

Place of Business, —

I. C. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 12338 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Joseph Haas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 541 Harford Ave

Cause of Death, First (Primary),

Second (Immediate) Double Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St James - Cl

Date of Burial, January 9 1883

Undertaker Henry Hoeck

Place of Business, 869 W Lemmon Address,

Jno Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 12339 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Nicholas Watkins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Lawyer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 263 N. Mount St

Cause of Death. First (Primary), Apoplexy

Second (Immediate), "

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 9/84

Undertaker Conway & Mitchell

Place of Business,

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

6

Board of Health, City of Baltimore,

Permit No 72340.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Farquhar Gibson

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 72 *Years,* x *Months,* x *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New York.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, { Give street and number. } 68 West Madison St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Paralysis

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Grave Yard

Date of Burial, Jan 9th 1884

Undertaker, Wm J Enslin & Sons

Place of Business, Park & Saratoga Sts

Riggin Buckler M.D.,
Medical Attendant.

Address, 135 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19

Board of Health, City of Baltimore,

Permit No. 12341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Beverly Downing

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 251 N. Carey St Balto

Cause of Death, First, (Primary,) Chicken Pox

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, ____

Undertaker, Denny & Mitchell

Place of Business, 530. W. Fayette St

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72342 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angeline Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 28 Clement St

Cause of Death. First (Primary), Pleuro-Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 9

Undertaker B. Hurley

Place of Business, 82 West St

D. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortune

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward R

Permit No. 12343

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bruns Bear

Date of Burial, Jan 8/84

Undertaker Frank McVeagh.

Place of Business, Fisher & Turnbull

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 12344. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harlin.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles

Second (Immediate), Congestion of lungs.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Annie Brae

Date of Burial, Jan. 8 /84

Undertaker Frank McVey

Place of Business, Division & Fremont

R. McE. Gribbin M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 72345 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jan 8th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Gaither

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 104 N Paca St

Cause of Death, First (Primary),

Second (Immediate) Measles.

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 10th Jan. 1884

Undertaker Geo Leimbach

Place of Business, 389 West Fath

W. L. Gaw M. D.
Medical Attendant.

Address, 324 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Fischer

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 60 Front St.

Cause of Death, {First (Primary,) Pulmonary Phthisis. Second (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jany 9-84

{*Undertaker,* Wm Eilers

Place of Business, 101 Gough St

J. Shadrach M.D.

Medical Attendant.

Address, 10 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 72347 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. W. Bowling

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* 3 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 344 E. Fayette St.

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 9 / 84

Undertaker Fry & Sons

Place of Business, 57 N Broadway

G. G. Link *M. D.*
Medical Attendant.

Address, Balt. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... of death, except in cases of births and deaths of illegitimate children. [OVER.]

72348) **Board of Health, City of Baltimore,**

Permit No. 72348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

CITY DEPARTMENT JAIL 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 7 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolph Vonklyeen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Internal Rev: Agent

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 3 Months

Place of Death, { Give street and number } 93 Preston St

Cause of Death, First, (Primary,) Exposure - Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 11th 1884

Undertaker, John J Andrews

Place of Business, No 46 Druid Hill Ave

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72349 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Bergmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* 10 *Months,* 1 *Day,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 38 Greenmt Ave

Cause of Death, First (Primary),

Second (Immediate) Senile Decay 1 Year

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 9th 1884

Undertaker W. C. Water

Place of Business, 60 Greenmt Ave

Silas H. Hunter M. D.
Medical Attendant.

Address, 36 Greenmt Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 72350 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Kapper

~~Sex~~, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give street and Number. } 50 S High St

Cause of Death, First (Primary), Acute Bright's

Second (Immediate) Hydrops

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, January 10/84

Undertaker C F Krauss

Place of Business, 624½ W Balt Str

J. Smith M. D.
Medical Attendant.

Address, 245 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on the

Board of Health, City of Baltimore,

Permit No. 12317 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Julius Mattes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 11 *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 N. Dallas St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Nearly 4 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9 1884

Undertaker, John Koenig.

Place of Business, 382 Orleans St. *Address,* 347 N. Broadway

W. W. White, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72382 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 123 Boyd St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 9 1884

Undertaker, L Evans

Place of Business, 317 Madison Address, 1 St B. L

J. M. Clark *M. D.,*

Medical Attendant.

Dr Tumeny

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7235 3 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Celestine Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } Rear 9. Warren St

Cause of Death, First (Primary).

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Levenel Cemetery

Date of Burial, Jan 8 1884

Undertaker William Burger

Place of Business, No 62 East St

Freedom Cook M. D.
Medical Attendant.

Address, 467 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ·kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 72357 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Fitzpatrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* 2 3 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London. England

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} Holy Mary Hospital

Cause of Death, First (Primary) Shock & Concussion of Spine from

Second (Immediate) Injury received on R. Road

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace St Patricks Cemetary

Date, Jan 9th 1884

Undertaker James McGinnis

Place of Business, 1 & 3 Clowmans

F G Connelly *M. D.*
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 72555 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1884

CERTIFICATE OF DEATH.

Date of Death, January 8, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitty Rice Lehnhoff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 659 Penna ave

Cause of Death, First (Primary), Burns

Second (Immediate), Shock

Duration of Last Sickness, 12½ hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 9th 1884

Undertaker Martin Fahey

Place of Business, 126 W. Townsend St. *Address,*

Alexander Jinkey M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible] or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 72886 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minerva A Thursby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* —— *Months,* —— *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and Number.} 556 W Fayette

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial Green mount

Date of Burial, Jan 10th - 1884

Undertaker Denny & Mitchell

Place of Business, 550 W fayette st *Address,* 179 N Howard

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore.

Permit No. 7235 / *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Alphonsus.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Exanition.

Second (Immediate) General Debility -

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Binnie Bros

Date of Burial, Jan 9/84

Undertaker Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 12358 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* [illegible] *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Measles.

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 9/84

Undertaker Frank McVeagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore.

Permit No. 12357 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Halligan.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Diarrhea.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 9 1884

Undertaker Frank Mc Veigh.

Place of Business, Division & Monument

R. M. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72360 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M Storey

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 2 *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } No 415 Sharp St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Ceme

Date of Burial, Jan 9th 1884

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts

J. C. Gauch M. D.,
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 72361 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8 , 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Duff

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. } Male

Age 42 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. } Married

Occupation Architect

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 296 ½ E. Monument

{ First (Primary), } Phthisis Pulmonalis

Cause of Death. { Second (Immediate), } Consumption

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10th

Undertaker William Dickson

Place of Business, *Address,* 238 E. Monument St.

John H. Lemmon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 7262 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gassar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* *Days,*

Color, Wh

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 58 N. Amm

Cause of Death, First (Primary), Tuberculosis Pul.

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 10th

Undertaker Wm. Funk

Place of Business, 35 Bank St *Address,* 57 Aisquith

E. B. Linton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72363 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Coleman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 9 *Months,* 7 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Born.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City, Md.

Duration of Residence in the City of Baltimore, all her Life

Place of Death, { Give street and Number. } # 11 Phelps alley

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 10th "

Undertaker, H. Funk

Place of Business, 35 Bank St, *Address,* # 154 E Balto St.

Wm H. Norris, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No 72364. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stolz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

Age, 9 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 123 Aisquith

Cause of Death, First (Primary), ...

Second (Immediate), Brain Fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 10

Undertaker W E Funk

Place of Business, ...

Geo. L. Benson M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 72365 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Otney

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 40 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~Single~~

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and Number.} 67 Church Ar

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 9 1884

Undertaker H Ross

Place of Business, 95 Lamburgh

H Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72366 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Christina Dukehardt

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 33 *Years,* 8 *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Philada

Duration of Residence in the City of Baltimore, Lifetime Except 3 Yrs

Place of Death, { Give street and Number. } 347 N Dargate St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 10th 1884

John Neff M. D.,
Medical Attendant.

Undertaker, Geo. Leinbach

Place of Business, 384 W. Pratt *Address,* 206 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the following Rules, which must be complied with.

Board of Health, City of Baltimore,

Permit No. 12367 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

Date of Death, Jan. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Mary Buettner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Milkwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 252 Montgomery St.

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan. 10th

Undertaker 206 Columbia Ave

Place of Business, A. Knell

Wm Gomba M. D.
Medical Attendant.

Address, 1701 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

Permit No. 72 368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml. G. Wintermutz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } None

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 81 Columbia ave

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Hoursmen Bem

Date of Burial, January 10th

J. E. Clagett M. D.
Medical Attendant.

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw *Address,* 36 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 12369 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Murray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 66 N. Front St Baltimore

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and Number.} 66 N. Front St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of lungs heart & Brain

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 11th 1884

Undertaker, L Byrne

Place of Business,

H. McHenry M. D.,
Medical Attendant.

Address, 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72370 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan' 8.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Drew

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 94 *Years,* *Months,* *Days,*

Color, White.

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} Aged Woman's Home

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'y

Date of Burial, Jan 10th 1884

Undertaker, Wm J Eutkin & Sons

Place of Business, Park & Saratoga Sts

J H Whitson M. D., Medical Attendant

Address. 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy[illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore.

Permit No. 72 371 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Conrad Dan Gieny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Retired Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} No 216 E Baltimore St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), [illegible]

Duration of Last Sickness 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jany. 9. 1884

Undertaker M. A. Dauger

Place of Business, 74 S. Broadway. *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 72372 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Infant Washington

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 hrs ~~*Days*~~

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Bulley ch

Cause of Death, First (Primary), ...

Second (Immediate) Prem Bron

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green ch

Date of Burial, Jan 9

Undertaker Wm A Dwyer

Place of Business, ...

Geo. W. Dixon M. D.

~~*Medical Attendant.*~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7373 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dolan

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } F

Age, 20 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States. If of foreign birth. } Halifax

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 336½ N Howard St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Jan 10

Undertaker, A Hensley

Place of Business,

Geo. H. Denson M. D.

~~Medical Attendant.~~

Address, Cor of Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 72374 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Carlin

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* *Days,*

Color, W. Irish

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 116 Burgundy Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 10th 1884

Undertaker, Wm J. Tiefner

Place of Business, 65 S. Eutaw st *Address,*

N. W. Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12376 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Libbie Wanderly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 120 East Eager

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10th

Undertaker, George Schilling

Place of Business, Ashland & Lynch

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72376 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Lemon

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md —

Duration of Residence in the City of Baltimore, Son with

Place of Death, { Give street and Number. } 59 George St E

Cause of Death, First (Primary), Cancerous affection

Second (Immediate), Exhaustion

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 10

Undertaker A Robb

Place of Business, 48 Penn ave

W. H. Cain M. D.
Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 72377 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Roberson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Stone rubber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, Abt 20 years

Place of Death, {Give street and Number.} 121 Dover St

Cause of Death, First (Primary), Cold & Exposure

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, abt 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bloom Rd

Date of Burial, Jan 10

Undertaker J Rees

Place of Business,

Thos S Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 161 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases

Board of Health, City of Baltimore,

Permit No. 72378 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McCleary

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, { Give street and Number. } 214 E Baltimore St.

Cause of Death, First (Primary), Paralysis

Second (Immediate) Prostration & Debility

Duration of Last Sickness, Some Six years ago last January mo.

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, Jan 10th 1884

Undertaker Thos F Hughes

Place of Business, 60 E Pratt St *Address,* 299 E Balto St

James E Imaulle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 12379 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9. 1884

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Ellenora Mills

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* ..... *Months.* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation xxx

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 216 Forrest St.

Cause of Death, First (Primary), Old Age

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 11th 1884

Undertaker Thos J Keogh

Place of Business, 60 E Balto *Address,* 299 E Balto St

Simeon O Donnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore.

Permit No. 72380 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nathaniel Bare Chaly

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 (two) *Years,* 1 Month *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 241 N. Carey

Cause of Death,
First (Primary), Scarlatina
Second (Immediate), Exhaustion

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 10th 1884

Jno R Duncan M. D.
Medical Attendant.

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw *Address,* 71 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore.

Permit No. 12 381 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* *Days,*

Color, colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Carter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 80 Burgundy alley

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 4 months

the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Jan 9 1884

Undertaker H Bass

Place of Business, 95 Conway st *Address,* 262 Sharp st.

P. M. Hall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore.

Permit No. 72382 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Spence

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 15 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 11 Wilson St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Malnutrition.

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetary adjoining St Patricks

Date of Burial, Jan 9th 1884

J. W. Houck M. D.
Medical Attendant.

Undertaker James McGinnis

Place of Business, 123 Bowman st *Address,* 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72 383 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann York

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ansbach, Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 311 E. Pratt St.

Cause of Death, First, (Primary,) Hypertrophy of

Second, (Immediate,) Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 11th 83

Undertaker, G. Franz

Place of Business, Park & Mott

John F. Morrison M. D.,
Medical Attendant.

Address, S.W. Cor. 21st & Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 72367 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Zachanki

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and Number.} * 33 Lancaster

Cause of Death, First (Primary), Diphtheria Shakspeare 86.

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Jan 10th 83

Undertaker G. Franc

Place of Business, Park & Mt. *Address,* 2113 Eliza Finch

John H. Kelberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore.

Permit No. 7238 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate A. E. McGonagh.

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 2 *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 99 N. Bethel St

Cause of Death, First (Primary),

Second (Immediate) Measles

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Country

Date of Burial, January 10th 1884

Undertaker Henry McGinnis

Place of Business 1 N. Central Ave *Address,* 137 Aisquith St

J. J. Geoghegan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7236 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel E. Dudley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 2 *Months,* 1 *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Lace

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 64 Bayard St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial. Balto. Cem.

Date of Burial. Jan 11th 1884

Undertaker, Jos. B. Cook

Place of Business, 70 W. Balto.

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 7237 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Selma Maack

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 144 S. Sharp St

Cause of Death, { First (Primary), Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cemetery

Date of Burial, Jan. 10th 1884

Undertaker Ernst Schloman

Place of Business, 181 Sharp St *Address,* 170 S. Sharp St

Wm Gonhel *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore.

Permit No. 12388 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gaffney

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and Number.} 256 Greenmount Av.

Cause of Death, First (Primary), General debility

Second (Immediate), Congestion Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 11th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

D. Clare Geo. Dausch

Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE MD.

Board of Health, City of Baltimore.

Permit No. 72389 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madaline Pochella

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 59 President st

Cause of Death, First (Primary), Rachitis and General Debility

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial Jan 10th 1884

Undertaker James D Byrne

Place of Business, No 62 N Front St

D W Catheart M. D.
Medical Attendant.

Address, 2 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

2

Board of Health, City of Baltimore,

Permit No. 12398

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 10
1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. V. Groves,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 152. S. Bond St.

Cause of Death, First, (Primary.) Salpingitis (Post-Mortem)

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 10th

Undertaker, W. Leipper

Place of Business,

J. W. Chambers, M.D.,
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7239 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th. December 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Koch.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hannover, Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and Number.} Eastern Avenue 1st.

Cause of Death, First, (Primary,) Cirrhosis Hepatis

Second, (Immediate,) Hydrops Ascites

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity C.

Date of Burial, Dec. 10th

Undertaker, W. Deppel

Place of Business,

William Henkel M. D., Medical Attendant,

Address, S. Wolfe & 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Your Special Attention is ... any ... in the Return below, and to Rule on Back of ...

Board of Health, City of Baltimore,

Permit No. 7269 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Dalffey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 71 N. Henry St.

Cause of Death, First, (Primary,) Acute Tonsilitis

Second, (Immediate,) Sudden Effusion of Blood of Brain

Duration of Last Sickness, Thirty Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Jan. 10/84

Undertaker, J. B. Roth

Place of Business, 709 W. Balto St

John Neff M. D.,
Medical Attendant.

Address, 102 N. Canden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12393 *Office of Registrar of Vital Statistics.* **Ward** ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Rebecca Sollers

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 7 Harris Alley

Cause of Death, First (Primary), Pleurisy Bronchitis

Second (Immediate) .....

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10th 1884

Undertaker Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 53 Caroll St

E. Johnson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72394 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not Named Elsie Mackeldin Josephine Mackeldin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 ~~Years~~, Minutes *Months,* *Days,*

Color, W Male

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 272 Banks

Cause of Death, First (Primary), Mother having a fall

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 10th 1882

James E Donnelly M. D.
Medical Attendant.

Undertaker M. Lelaurin Son

Place of Business, 92 N. Gay *Address,* 292 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12-396 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Campeggi

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, ~~Years~~, 3 *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 24 Fell st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Unknown

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, 10 January 1884

Undertaker John A. Schuck

Place of Business, 165 Aliceanna *Address,* 22 Jackson Square

Thomas J. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 12396 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Mann

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* 21 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 12 Sutton alley

Duration of Residence in the City of Baltimore, 21 days

Place of Death, { Give street and Number. } 12 Sutton alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10 1884

Undertaker, W. V. Bishop Jr

Place of Business, 97 Druid Hill Ave

Chas W Reed M. D.
Medical Attendant.

Address, 166 N Payson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12397 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighty-five *Years,* ~~Months,~~ ~~Days,~~

Color, Black

~~Married~~, ~~Single~~, *Widow* ~~or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and Number.} No 70 E. Monument St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11 1884

Undertaker W. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 72,398 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Lee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 17 Clark St.

Cause of Death, First (Primary), "Typho Malarial Fever"

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 8th

Undertaker C. H. Blizzard

Place of Business, 178 Penna Ave *Address,*

L. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 72399 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} May Patterson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 308 N. Broadway

Cause of Death, First, (Primary,) Peritonitis & Pertussis

Second, (Immediate,) Convulsions,

Duration of Last Sickness, About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 11 1884

Undertaker, John W Jackson

Place of Business, Gay & Lanvale

John H. Pitts M. D., Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 12400 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th - 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Aloysius Lathrop

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First (Primary), Measles.

Second (Immediate), Catarhal Pneumonia.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Jan. 11/84

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker Frank McVey.

Place of Business, Division & Fremont *Address,* Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12401 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Earhard.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. vincent Infant Asylum.

Cause of Death, First (Primary), Measles —

Second (Immediate), Capilla Bronchitis.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 11/84

Undertaker Frank McVeagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7282 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie McKee.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White.

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death. {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death. First (Primary), Measles.

Second (Immediate) Congestion - Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan. 12th 1884

Undertaker Frank McVey

Place of Business, Gilson & Young

R. McE. Goldsmith M. D.
Medical Attendant.

Address. Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

Permit No. 12403 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael M. Deerhoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 390 Washington St.

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion Brain

Duration of Last Sickness, about 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Jan 12. 10 A.M

Undertaker A. O. R. Bandell.

Place of Business, York Road & 6th

F. J. Simms *M. D.*

Medical Attendant.

Address, 242 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12404 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia S. K. Hadel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty-five *Years,* 00 *Months,* 00 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, all of life except last 7m.

Place of Death, {Give street and number.} Fulton Av. & Liberty Road.

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " "

Duration of Last Sickness, Years -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 11th 1884

Undertaker, John E. Monghan & Co

Place of Business, 298 Penn Ave

Silas Baldwin - M. D., Medical Attendant.

Address, 162 Fountain St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

Permit No 2403 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamson Banlom

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Four *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} No. 116 N Register Street

Cause of Death, First (Primary),

Second (Immediate) Inflamation of the Bladder

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10 th 1884

Undertaker J J Locke

Place of Business, #73 Jefferson St.

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 2406 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Samuel Barner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* 8 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death. {Give street and Number.} nr. 1. S. Washington st.

Cause of Death, First (Primary), Congestion Chill

Second (Immediate), " "

Duration of Last Sickness. 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12/84

Undertaker Fry & Leo

Place of Business, 81 S Broadway

E. F. Sims M. D.
Medical Attendant.

Address, 371 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12407 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Killam

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Willow st

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jany 10/84

Undertaker H J Cochran

Place of Business,

Geo. F. Gunsa M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

HEALTH DEPARTMENT JAN 5 1884 BALTIMORE

Permit No. 12408 *Office of Registrar of Vital Statistics* Wed Jan 1884

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarmenia Brader

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 132 N Gay Street

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, under Treatment-two days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, 10th Jan 1884

Undertaker

Place of Business, 1 Eden St.

A Graefenberg M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72409 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Ridout

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty-three *Years,* ——— *Months,* ——— ~~*Days,*~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All year

Place of Death, {Give street and Number.} No. 45 Diamond al.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, four months.

All the above information should be furnished by the Physician.

Place of Burial, Thom's St. Cemetery

Date of Burial, Jan 12 1884 F. B. Gardner M. D.

Medical Attendant.

Undertaker Alf Hemsley

Place of Business, Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72410 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Fridman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Williamsport Pa.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and Number.} 73 Back St

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate) Convulsions

Duration of Last Sickness. one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jan. 10th 1884

Undertaker H. Sanders & Son

Place of Business, 252 Eastern ave *Address,* 117 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12411 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Cook

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months;* — *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 220 Pine St.

Cause of Death, First (Primary), Leukhemia

Second (Immediate) Pulmonary Phthisis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield Cemetery

Date of Burial, Jan 10 1884

Undertaker William N Dunger

Place of Business No 62 East St

Dennett Norris M. D.
Medical Attendant.

Address, 562 Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arianna Payne

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pulaski

Duration of Residence in the City of Baltimore, 4 yrs 6 Mo

Place of Death, {Give street and number.} 25 Fremont alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Congestion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Jan 10 1884

Undertaker, William N Lorige

Place of Business, No 62 East st

Wm F Scott M. D.

Medical Attendant.

Address No 824 N Gilmor.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7243 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McKeown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 25 N Dallas

Cause of Death,
First (Primary), Chronic Dysentery
Second (Immediate),

Duration of Last Sickness,

{All the above information should be furnished by the Physician.}

Place of Burial St Vincents Cemetery

Date of Burial January 11th 1884

Undertaker [illegible] 111 E Fayette

Place of Business 411 N Central Avenue

D W Cathell M. D.
Medical Attendant.

Address, 2 W Bowley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

Permit No. 72417 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Finley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and Number.} 373 Penna Ave

Cause of Death, First (Primary), Injuries received from Overturning Wagon. Shock

Second (Immediate), Secondary Hemorrhage

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Jan 11

Undertaker Walter Insell

Place of Business, 315 W. Baltimore

Alexander Finley *M. D.*
Medical Attendant.

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last - kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12 **Board of Health, City of Baltimore,**

Permit No. 12415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Maas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 ~~6~~ *Months,* 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No. 6 Boulden Alley

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 11.

Undertaker, Walter Imrie

Place of Business, 315 W. Balt St

H. Fawcett *M. D.*
Medical Attendant.

Address, 72 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12416 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram Adams Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 39 E Pratt st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Abt ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 11th 1884

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

D W Bathurst M. D.
Medical Attendant.

Address, 2 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2417 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. ½ State st

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11th 1884

Undertaker, Wm. Johnes Gray

Place of Business, 65 Mulberry st.

Whitten M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 22418 *Office of Registrar of Vital Statistics* Ward, 16

HEALTH DEPT. JAN 12 1884 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Higgens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland - Roscommon Co.

Duration of Residence in the City of Baltimore, 3 mths

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary),

Second (Immediate) Embolism

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 11th 1884

Undertaker John S. Maslin

Place of Business, No 150 Camden

Ralph Stinson M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7249 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Cummings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 73 Chestnut st

Cause of Death, First (Primary), Cold

Second (Immediate), Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Jan 11 1884

Undertaker [illegible]

Place of Business, [illegible]

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 11422

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72420 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 8th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand C. Mikus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 209 Lee st.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 10 minutes

the above information should be furnished by the Physician.

Place of Burial, Forest Home Cem

Date of Burial, Sep 10 '84

Undertaker George Saffran

Place of Business, 121 Penna Ave

J. H. Keller M. D.

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 12424 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If any infant not named, give names of parents.} Turner King

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 71 Chestnut St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10 1884

Undertaker William H. Dugee

Place of Business, 62 East St

Edwin F. Lindsay M. D.
Medical Attendant.

Address, 57 Augusta Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72422 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Kane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 111 S Spring St

Cause of Death, First, (Primary,) Uterine Haemorrhage

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Jan 10. 1884

Undertaker, William A' Dugee

Place of Business, 62 East St

C. H. Way M. D., Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Warick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 30 years 6 mos

Place of Death, {Give street and number.} 266 N. Broadway

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 11. 1884

Undertaker, John W. Jackson

Place of Business, Gay & Caroline

John Larue M. D.
Medical Attendant.

Address Greenmount Ave Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72424 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Jones

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, ~~—~~ *Years,* 3 *Months,* — *Days,* 4

Color, colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 47 Clay St

Cause of Death, { First, (Primary,) Bronchitis / Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 11 84

{ *Undertaker,* Alf Hensley / *Place of Business,* } *Address,* Bell & Calhoun

I H Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12425 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gunderman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 128 Henrietta St.

Cause of Death, First (Primary),

Second (Immediate) Meningitis (Tubercular

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13th

Undertaker Henry Boiea

Place of Business, Hanover St 81

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-28 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12426 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kuhn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 2 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} German Hesse Darmstadt

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and Number.} 41 Frederick Ave Inst Mourner at Mrs Parsons

Cause of Death, First (Primary), Asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, Number of Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 11th 1884

Undertaker J P Pauls

Place of Business, Park Ave

.....*M. D.*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12427 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius O Workamer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 241 German

Cause of Death. First (Primary), Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hill Crest Cemetery

Date of Burial, January 11

Undertaker L C Athey

Place of Business 21 N Eutaw St

Felix Winand M. D.
Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12448 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Easterby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and Number.} 328 McDonough St

Cause of Death, First (Primary),

Second (Immediate), General Debility

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12th 1884

Undertaker Jas P. Byrne

Place of Business, Gay St near Front

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7429 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 11th January 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Ewell

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Waiter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 834 Montgomery St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Ox Thrax

Duration of Last Sickness, 5 Weeks

All the above into matters should be furnished by the Physician.

Place of Burial Laurel,

Date of Burial Jan 10 84

Undertaker J. H. Case

Place of Business, 198 Howard St *Address,*

A. M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7204

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7204 28 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha E. Lauder

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 92, N. Caroline St

Cause of Death,
First (Primary),
Second (Immediate) Pneumonia

Duration of Last Sickness, 14 Days

the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, January 13th 1884

Undertaker C F Rau

Place of Business 62½ W Baltimore *Address,* 137 Orleans St

E E Gwyn. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72431 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 48 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 151 N Eden St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, Four weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 12th 1884

Undertaker H. Hofmann

Place of Business, 63 North Eden St. *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 72432 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 153 d Stirling

Cause of Death. First (Primary). Convulsions

Second (Immediate).

Duration of Last Sickness, 6 week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 11th 1884

Undertaker W. A. Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* Cor Eden & Biddle

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72433 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Stillane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Co. Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} 13 Hull St.

Cause of Death, First (Primary),

Second (Immediate). Enteritis

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Jany 12th 84

Undertaker M. A. Daiger

Place of Business, 745 S. Broadway

Robert S. Love M. D.
Medical Attendant.

Address, 333 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12434 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF ~~DEATH~~

Date of Death, Jany 11th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy E. Mabert.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* nine *Months,* 1 *Days,* —

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born Baltimore City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 32 East Le

Cause of Death, First (Primary), Moves Laryngitis.

Second (Immediate), Convulsions.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 13th 1884

John L. Kriegh, M. D.
Medical Attendant.

Undertaker Wm. Heuwald

Place of Business, 35 S. Eutaw *Address* 273 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12435 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Newman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bacco

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 138 Sterling St

Cause of Death, First (Primary), ...

Second (Immediate) Inanition

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 13th

Undertaker Wm R Dugan

Place of Business, ...

Thos. H. Gordon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72436 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } I. D. Walker

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 22 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Student

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Accomac Co Va

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, { Give street and Number. } 180 Linden av.

Cause of Death, First, (Primary,) Consumption of Lungs & Bowels

Second, (Immediate,)

Duration of Last Sickness, about 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Jan. 14th 1883.

Undertaker, H Dickens & Co

Place of Business, Howard & Utah *Address,* 157 Park av.

D. D. Booker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE, MD.

Board of Health, City of Baltimore.

Permit No. 12437 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parent. } Mary L Fitzgerald

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 30 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Franklin Co Pennsylvania

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and Number. } 263 William St

Cause of Death, First (Primary), Phthisis, Pulmonalis

Second (Immediate), Gen Debility

Duration of Last Sickness, 15 Months

the above info mation should be furnished by the Physician.

Place of Burial, Franklin Pa

Date of Burial, Jan 12 84

Undertaker Armstrong & Dny

Place of Business, 263 Light St *Address,* 50 Warren Av

H B Wolfe *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12438 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Leadenhall St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1884

W. S. Cox *M. D.*

Medical Attendant.

Undertaker H. Bass

Place of Business 73 Lemmon

Address, 2 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah P. Gallup

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 41 Fayette St —

Cause of Death, First, (Primary,) Senility & organic

Second, (Immediate,) debility —

Duration of last Sickness, one week —

All the above information should be furnished by the Physician.

Place of Burial, Mystic River, Conn.

Date of Burial, January 13th 1884

John J. Kirby M. D.
Medical Attendant.

Undertaker, STEWART & HOWES, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 215 N. Carrollton Av —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore, 18

Permit No. 12447 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January / 1884 Seventh

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eppie Driscoll d Sarah J. Ruck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* / *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 Cohens Alley

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Jan 9

Undertaker O Kerdun

Place of Business,

Geo. W. Dixon M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7244 / *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

Date of Death, January 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Reily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ~~Balt~~ all his Life

Place of Death, {Give street and Number.} ~~Old Life~~ 104 L. Ground

Cause of Death, First (Primary). Measles

Second (Immediate). Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Feby 12 84

Undertaker Martin Fahey

Place of Business, 128 Townsend *Address,* 116 Townsend St

Theodore Cotta M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12442

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12442 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles J McFadden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 272 Bank St.

Cause of Death, First (Primary), Falls of Mother

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 12th 84

Undertaker M. Clark & Son

Place of Business, 92 S. Ann

Jno. C. Dinnie M. D.
Medical Attendant.

Address, 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12443 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria E. Imhof

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and Number. } 257 E. Eager Street

Cause of Death. First (Primary), Valvular disease of the heart

Second (Immediate), Dropsy - Marasmus

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St. James

Date of Burial, January 14 1884

J. H. Slack M. D.
Medical Attendant.

Undertaker Henry Hoede

Place of Business, 363 N Central Ave *Address,* 60 Eager Corner Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72444 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

Date of Death, Jan 9 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Lee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 66 Stockholm St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Jan 12 1884

W. S. Bond M. D.
Medical Attendant.

Undertaker H Bass

Place of Business, 21 Conway

Address, 211 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72445 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 9, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roseanna Reilly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, W White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and Number.} 55 E. Fayette St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jan 12 1884

Undertaker James P. Byrne

Place of Business, No 63 N Frent St Address, 75 E Baltimore St.

J. H. Hack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12446 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

Date of Death, 12 January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Loelle

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 61 Years, — Months, — Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and Number.} German House [illegible] the aged

Cause of Death, First (Primary), Constipation

Second (Immediate), Ileus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13/88

Undertaker Chas Ballell

Place of Business, 13 N. Frederick St. *Address,* 205 W. Lemmon St.

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12447 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11 /

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred Rucker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Upholsterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 36 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cem~~ Green Mt

Date of Burial, Jan 12/94

Undertaker A. Barlett

Place of Business, 3 W. Baltimore *Address,* City Hospital

H. Blandford M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72448 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART. JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name Father's name John H Pessop Mary Pessop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 7 in *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 84 E. Monument St

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and Number.} 84 E. Monument St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Erysipelas from use of instrument

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, January 12 - 84

Undertaker, Charles Andrew

Place of Business, 271 Eutaw St

Armand F Hein M. D., Medical Attendant.

Address, 17 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12449 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan. 11 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Ezekiel Brown

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 17 N. Castle

Cause of Death, { First, (Primary,) Carcinoma Stomach / Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan - 12 - 1884

Undertaker, W. Madden

Place of Business, 46 East St

G. G. Luck M. D.,
Medical Attendant.

Address, Balt. & Paul. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 12400

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12400 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick A. Barnett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — 5 *Months,* 4 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 126 N Dallis st

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer cemetery

Date of Burial, Jan 12th 1884

Undertaker Wm McDonnell

Place of Business, 62 East st

D W Cattell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 72457

Permit No. 72457 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 9 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commission Merchant & Broker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} No. 259 N. Charles St

Cause of Death, {First, (Primary) Bright's Disease of the Kidneys. Second, (Immediate)}

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Jan 14th 1884

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga

Thomas Shearer M. D., Medical Attendant.

Address, No. 99 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th Jan 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Charlotte Murray

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 S. Front

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls G Yard

Date of Burial, Jan 13th 1884

Undertaker, Hofjenkins & Sons

Place of Business, Park & Saratoga

H Wmacculm M.D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12453 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Annie Holbert~~ Jan. 11/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Holbert.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles.

Second (Immediate), Capillary Bronchitis.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan - 12/84

Undertaker Frank McVeagh,

Place of Business, Pursin & Mannel

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave - Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 4574

Board of Health, City of Baltimore,

Permit No. 12467 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884 - 10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan 12/84

Undertaker H. Ohlhaber

Place of Business, Monument St.

Joseph H. White M. D.
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

No. 12430

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wilhelm Schieble

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 8 *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 206 N Dallas St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) .....

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri C. H. Voltow M. D.

Date of Burial, January 13 1884 Medical Attendant.

Undertaker, John Herwig.

Place of Business, 382 Orleans St *Address* 239 N Carolene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a C... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or sin... ...the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 72456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Sheehan

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number. } 279 E. Lexington

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.) Cerebral hemorrhage

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan. 11 '84

Undertaker, M. A. Dayn

Place of Business, 74 S. Bway

G. Glanville [illegible] M.D.

Medical Attendant.

Address, Balt. & Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No 12457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 12457 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Swift

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co Va.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} 26 N Caroline St.

Cause of Death, First (Primary), Measles with Pneumonia

Second (Immediate), followed by Diphtheria

Duration of Last Sickness, 25 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan. 12. 1884

Undertaker M. A Dagen

Place of Business, 74 S. Bway

E. Jr. Williams M. D.
Medical Attendant.

Address, 33 Ellwood Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

V No. 1158

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12458 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan A Fallen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 1 *Months,* 24 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 174 Baltic av Precinct

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate), 6 Weeks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 13th 1884

Undertaker John S. Meacham

Place of Business, No 150 Canton *Address,* 68 Warren av

H B Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12459 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART. JAN 12 1884 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Friedenberg.

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 512 Penna Avenue

Cause of Death, First, (Primary,) Bronchial Diphtheria.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 8 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 13

Undertaker, Walter Immell

Place of Business, 315 W. Bidle Address, 530 Penna Ave

S. Rickert M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72460 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Bradford

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, Col'd

~~*Married, Single, Widow or*~~ *Widower.* {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co - Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death. {Give street and Number.} 3 Herring court

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 12 1884

Undertaker W. H. Lecks

Place of Business, 73 Jefferson *Address,* 1170 Broadway

R. W. Manofield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 72461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72461 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora E. Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 10 *Days,*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 109 N. Caroline Street

Cause of Death, First (Primary), Diphtheretis

Second (Immediate), Diphtheritic con D Asphyxia

Duration of Last Sickness, Eleven (11) Days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 13th 1884

C. O. Pelouze M. D.
Medical Attendant.

Undertaker Julius' Hearse

Place of Business, 551 E. Fayette St. *Address,* Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72462 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Simpson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 12 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 16 Bolton St

Cause of Death, First (Primary), Marasmus

Second (Immediate), "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 12th 1884

Thos. J. Beel M. D.
Medical Attendant.

Undertaker Wm J Gross

Place of Business, 65 Mulberry *Address,* 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 12463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12463 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Lelia Crawford Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 Greenmillan Court

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 12/84

Geo. W. Pierson M. D.
~~Medical Attendant~~

Undertaker W. H. Bishop

Place of Business, 77 Druid Hill Ave *Address,* Corner of Dolphin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12464 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas McCeever

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 84 Cathedral St

Cause of Death, First (Primary),

Second (Immediate) Concussion of Brain result of a fall.

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, E.I

Date of Burial, Jan 6

Undertaker B. Buchan

Place of Business,

J. G. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72465 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Washer woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 88 Hollins St

Cause of Death, First (Primary), Epilepsy

Second (Immediate),

Duration of Last Sickness, 4h day

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Jan 6

Undertaker C L Pickart

Place of Business,

F G Connolly M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72466. *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry C. Lane

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Workman B & O.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and Number. } 725 W Pratt st

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, Found dying in bed - a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 13/84

Undertaker J B Cook

Place of Business, 207 W Balto St

Alexander Tinsley M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7247

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7247 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Jno. Andorff

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 Years, Months, Days,

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 230 Franklin St

Cause of Death, First, (Primary,) Paralysis Agitans

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Jan 14 1884

Undertaker, J B Cook

Place of Business, 707 W Balt St

Thomas Shearer M. D., Medical Attendant.

Address, 1.99 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 9468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12468 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cornelius Mason

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, Black

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One week

Place of Death, { Give street and Number. } 21 S. Gay St

Cause of Death, First (Primary), Intemperance & Exposure

Second (Immediate),

Duration of Last Sickness One week

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, Jan 14

Undertaker G. Rinehart

Place of Business,

F. G. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office where issued, Saturday [illegible] No. 7469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7469 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Elliotte (Mother)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltr

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Markee Court

Cause of Death, First (Primary),

Second (Immediate), Ignanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. B. Purlewent

Date of Burial, Jany 11/84

Undertaker Ger Kinehart

Place of Business,

Geo. W. Foltz M. D.
Medical ~~Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...rintendents of Cemeteries in City of Baltimore will ...

No 72470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 72470 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Ingoes.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary). Burns.

Second (Immediate). Exhaustion

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Jany 10 1883

Undertaker Fred'k Kirchner

Place of Business, 129 S Arlington Ave *Address,*

Alexander Tansley M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12471 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bery Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 429 Jackson st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 12 1884.

Undertaker, Henry McGinnis

Place of Business, 44 N. Central *Address,*

J. E. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1347/12

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12472 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Mc Shane

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 42 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty two (22) Years

Place of Death, {Give street and Number.} 11 217 Lemmon

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 13th 84

Undertaker M. Cadogan

Place of Business, 227 Lombard St *Address,* 387 W. Conta[illegible]

H. C. Regan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72473 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael W Sheehan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor cor Preston and Valley sts

Cause of Death, First (Primary),

Second (Immediate), Age with debility

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, 14th Jan 1884

Undertaker Henry Schultheis

Place of Business, *Address,*

Thos. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2144

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12774 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPT. JAN 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Williams.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6. *Months,* ..... *Days,*

Color, Colored.

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and Number.} #34 New Church St.

Cause of Death, First, (Primary,) Tuberculosis "pulmonary & meningeal"

Second, (Immediate,) Asthenia

Duration of Last Sickness, One months.

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

James Brown M. D.,
Medical Attendant.

Address, #51 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

of Baltimore will [illegible]

No. 12475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12475 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

Date of Death, Jany 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 122 Mulberry St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13/84

Undertaker Fry & Son

Place of Business, 810 Broadway

D. D. Gaw M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 72476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 72476 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Rase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 27 Bryden

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, January 14

Undertaker Berth. Marle

... of Business, ...

C A Cooke M. D.
Medical Attendant.

Address, 110 Foot ave

... from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...nd be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ...ttended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...he death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...es of births and deaths of illegitimate children.

[OVER.]

No. 72477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72477 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 6 30 A M. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilmer E Yolen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 72 S. Regester

Cause of Death, First (Primary), Chronic Croup

Second (Immediate),

Duration of Last Sickness, Since Thursday Jan 10th 1884

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Saw it last night

Date of Burial, Jan. 14/84 James E Donnelly M. D.

Medical Attendant.

Undertaker J. B. Cook

Place of Business, 307 W. Balto St. *Address,* 299 E Fait St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72477 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Clark.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* One *Months,* Sixteen *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 Dover st.

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, Jany 15

Undertaker, Jacob Gray

Place of Business, 20 & Cov Pk

Dr. D. Small, M. D.,
Dalto. Homoeopathic Dispensary
Medical Attendant.
Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ltimore ... 2478

No. 12479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12479 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Randolph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 10 *Months,* ... *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No. 121 Lee Street

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Apnoea & Coma

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1884

Undertaker H Ross

Place of Business, 95 Canton Ave

Ralph Turner *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12180

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12480 *Office of Registrar of Vital Statistics.* **Ward,** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Hannaway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* 1 *Days,*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 137 N Bond St

Cause of Death, First (Primary) Eclampsia

Second (Immediate) —

Duration of Last Sickness, Few hours

the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 14. 1884

Undertaker C. Eckhardt

Place of Business, 269 Eastern Ave *Address,* E of Ea[illegible]

C. C. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12481 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brader

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 131 Aisquith St

Cause of Death, First (Primary),

Second (Immediate), diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem.

Date of Burial, 13 of January 1884

Undertaker J D Cassing

Place of Business, [illegible] *Address,* 88 East Balti St

A Graefenhain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ... No. 13483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12462 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wenceslaus Watsik

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 13 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 137 N Chapel St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Stephens cimitery

Date of Burial, January 14

Undertaker, Forst and Leach

Place of Business, corner Jefferson and Caster Sts *Address,* .....

J. H. Collins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Cemetery

No. 12483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7241 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Dotterrich

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, / *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 147 Chapel

Cause of Death. First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, Jan 13th 84

Undertaker G. Franz

Place of Business, Rauch & Wolff

E. J. Williams M. D.
Medical Attendant.

Address, 53 Ellwood St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12484 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Ellmen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 26 O'Donnell St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, 15th January

Undertaker Wm. Nicolaus

Place of Business 25 Eliza ama

E. J. Williams M. D.
Medical Attendant.

Address, 52 Ellwood Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Keepers of Cemeteries in City of Baltimore will make returns of all No. 12483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 9

Permit No. 12485

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Arnold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 Years, 3 Months, Days,

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 21 Concord St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 13th

Undertaker Fred Gaede

Place of Business, 21 S. Caroline

J/m Gamble M. D.
Medical Attendant.

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 72486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72486 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hayden

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 172 West Pratt

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, 13th of January

Undertaker, Dan Foley

Place of Business, 109 West St Address,

D Lucas M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72487 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1884 BALTIMORE

Date of Death, January 12, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Edward Williams.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 5 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Bolton alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Jan 13 1884

Undertaker, Wilson N Lowndes

Place of Business, No 62 East St

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 W. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate

No. 2488

Board of Health, City of Baltimore.

Permit No. 72488. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Fannie Yeske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven years.

Place of Death, {Give street and Number.} 207 S. Bethel St.

Cause of Death, First (Primary), Typhoid Malarial

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jany 13. 1884

Undertaker H. Sonnenborn & Son

Place of Business, 252 Eastern Av

John H. Helberger M. D.
Medical Attendant.

Address, 243 Three Arch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries ... Baltimore ... return ... No. 12489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12489 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1884 BALTIMORE

Date of Death, Jan 12 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Nademan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 146 Hughes St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, January 13th 1884.

Undertaker, Martin Fahey

Place of Business, 126 Townsend St *Address,*

S Duncan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 72490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72490 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAIL 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barbara Baer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} 361 E Baltimore St

Cause of Death, First (Primary),

Second (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 14th 1884

Undertaker Philipp J. Dill

Place of Business, 183 Columbia Ave

J. W. Hinck M. D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make report to the Board of Health, City of Baltimore, of all interments made in their respective Cemeteries, within twenty-four hours after the same shall have been made, under penalty of law. No. 1249

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1249 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1884 BALTIMORE

Date of Death, Jan. 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas P. Thorny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 or 40 yrs

Place of Death, {Give street and Number.} 281 McHenry

Cause of Death, First, (Primary,) Tuberculosis Consumption

Second, (Immediate,)

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial. Mount Olivet Cemetery

Date of Burial. January 14

Undertaker, J M Cook

Place of Business, 707 W Pratt

John Hood M. D.,
Medical Attendant.

Address, 322 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will ma... No. 792

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12449 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 Perkins St.

Cause of Death, First (Primary), Pneumonia & Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 14

Undertaker J B Cook

Place of Business, 707 W Baltimore St

H. W. Weber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 12493

Board of Health, City of Baltimore,

Permit No. 12493 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1894 BALTIMORE

Date of Death, Januar 12. 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Munter Buhl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 2 Days,

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 92 Boston St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 14 th

Undertaker Wendelin Uffel

Place of Business, 1 Bond St. 151

L. Kiey M. D.
Medical Attendant.

Address, Cambridge St. SE ~~Fifth Eastern Ave~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

V No. 24494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 24494 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie A & J Gering

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 19 *Years,* 4 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 326 E. Lombard st.

Cause of Death, First (Primary), Typhoid malarial fever

Second (Immediate),

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. James (cem.)

Date of Burial, Jan. 15th

Undertaker H. Dittel

Place of Business, 1. Bond st. 151

Pierre Geo. Dausol M.D.
Medical Attendant.

Address, 326 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Records of a... Office Whence issued, Saturday of each week. No. 72495

The Special Attention of Physicians is Respectfully ***Must, in all Cases, Accompany*** Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7249 5 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 13 =

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Ellis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his Life

Place of Death. {Give street and Number.} Chas & Sons Infirmary — Balto

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Consumption

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 14 1884

Undertaker Thos L Hughes

Place of Business, 100 E Balto

Address, Chas & Sons Infirmary

J. D. Glass M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12496

The Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12496 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William James Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} No 3, South Exeter St

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground

Date of Burial, Jan 14 1884

Undertaker Thos L Kingsley

Place of Business, 10 E Balto

E A Janney M. D.

Medical Attendant.

Address, 85 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 15499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7249 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Rausch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 20 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 352 S. Sharp St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), ...

Duration of Last Sickness, 3 Month 20 days.

the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Jan 14th 1884

Undertaker Julius Kachler

Place of Business, Sharp & Cross St. *Address,* cor Mulberry & Myrtle av

Louis C. Korn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 12498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12498 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 11th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann McCormick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } 121 N. Front St.

Cause of Death, First (Primary), Chronic Pneumonia

Second (Immediate), Debility —

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Jan 13 1884

Undertaker Jas P Byrne

Place of Business, 63 Fremont

James J Bacon M. D.
Medical Attendant.

Address, S.E. Cor Arlington ave & Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12499 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Norbeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 8 Wall St.

Cause of Death, First (Primary), Gallopping

Second (Immediate), Consumption

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 15

Undertaker Bofferle

Place of Business,

Wm Smith M. D.
Medical Attendant.

Address, 29 S Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12500 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Augusta & John Eggle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 1/2 hr *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Canton Bot Factory

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Paul

Date of Burial, Jan 14

Undertaker, L Reitz

Place of Business, ...

Geo. R. Dobson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72311

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72501 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 12th January 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Pumphrey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72. *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and Number.} Southern Police Station

Cause of Death, First (Primary).

Second (Immediate). Apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, January 15th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 158 S. Sharp Street

Ellis Trieheart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Keepers of [illegible] No. 72502

The Special Attention of [illegible] Permits is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72502 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Gross

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Janitor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 33 Oxford St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Ft Dell

Date of Burial, Jan 14

Undertaker, M J Jordan

Place of Business,

W. E Atkinson M. D.,

Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit ... week ... 72503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72503 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13/84

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis G. Spicer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 14 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 314 N. Gay ave

Cause of Death. First (Primary), Teething

Second (Immediate), 1 week (2) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bk Cem 15th

Date of Burial,

H L Spicer *M. D.*
Medical Attendant.

Undertaker Jos B. Coale

Place of Business, 707 W. Balto *Address,* 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72604 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Luther Bahn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} 181 Pratt in

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 181 Pratt in

Cause of Death, First, (Primary,) Premature

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial. Janua 14

Undertaker, A Rohde

Place of Business, 48 Penna ave

G W Jones M. D.,

Medical Attendant.

Address, Cor. Pressman & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries [illegible] Permits for Burials [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12686 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Murry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Belvidere St. near Gmh Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 14th 1883

Undertaker C. F. Kranz & Son

Place of Business, *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Adelaide Simmes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Massachusetts

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} No 81. N. Eutaw St Baltimore Md

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Boston. Mass.

Date of Burial, Jan 14th 1884

Undertaker, E. F. Branson

Place of Business,

Saml A. Henry M. D.
Medical Attendant.

Address 160. N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to [illegible] No. 12567

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Eliza Dudley

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 83 *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 145 Park Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 15th 1884

Undertaker, Wm. O'Neaver

Place of Business, No 202 N. Eutaw St

L. Wm Mallory M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office ... week. No. 12508

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12508 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13- 884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kearns

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... 5 *Months,* ..... 11 ~~X~~ *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 11 Allerdale

Cause of Death, First (Primary), Septicemia

Second (Immediate) .....

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 16th 1884

Undertaker Henry W. Means

Place of Business, 113 N. Gay St

Geo. Dausch M.D.
Medical Attendant.

Address, 325 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit [illegible] the No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72509 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sherwood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 - 2 *Years,* *Months,* *Days,*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charleston S C

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 106 S Bethel St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Suffered Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 14 1884

Undertaker William N Bunce

Place of Business, No 62 Eastern Ave

Chas A. Morfit M. D.

Medical Attendant.

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Reports of Cemeteries in City of Baltimore

Permit to Burials to the O[illegible] whereon issued [illegible]

No. 12316

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 72618 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 12th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Young

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months.* *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and Number.} No 18 McCulloh St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Dorchester county Md

Date of Burial, Jan 15 1884

Undertaker William N Duncan

Place of Business No 62 East St

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to [illegible] week

No. 2671

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2671 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysius Gilligan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Phthisis

Second (Immediate), Measles

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan. 15/84

Undertaker [illegible]

Place of Business, [illegible] *Address,* Harlem av. Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2372

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7267 2 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13/884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brader

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 24 *Days,*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 130 Aisquith St

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Jan 14 1884

A Engelhardt M. D.
Medical Attendant.

Undertaker A Rossing

Place of Business, 196 E Balt. St *Address,* 88 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72513

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72513 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th - 1884 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Gray -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death,
First (Primary), Phthisis - measles -
Second (Immediate) Exhaustion.

Duration of Last Sickness, 14 days -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 14/84 -

Undertaker Frank McVey -

Place of Business, Division & Monroe

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit for Burial to the Undertaker whence issued

No. 12511

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12674 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlo & Henry Geblein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* / *Months,* 14 *Days,*

Color, br

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 162 E Balto St

Cause of Death, First (Primary). Overlaid by mother & accidentally

Second (Immediate). Smothered

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1884

Undertaker Peter Lutze

Place of Business, 166 E Balto St

Chas M. Morfit M. D.

Coroner E.D. ~~Medical Attendant.~~

Address, 67 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72515 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ulrich Mengel Ulrich Mengel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 Weeks *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ..... Baby

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and Number.} 35 S. Wood St

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial. St Thomas Cem

Date of Burial, Jan 15th 84

Undertaker G. Frank

Place of Business, Parks & Wolf *Address,* 5 Fulton

J. Mc Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12576 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 13th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Sindka

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Three years

Place of Death. {Give street and Number.} 294 S. Ann St.

Cause of Death, First (Primary),

Second (Immediate), Ascites

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St. Wenonas

Date of Burial, Jan 15th 84

Undertaker G. Hance

Place of Business, Park & Wolfe

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burial, at the Office ... No. 12577

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12577 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Cornish

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* 6 *Months,* 1 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md a

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 16 Beaver

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 14

Undertaker W H Bishop

Place of Business,

Gus. A. Dawson M. D.

Medical Attendant

Address, Comm & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12578 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mirschbergen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor cor Preston and Valley Sts

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Jan 15th 94 St Alphonsus

Undertaker H Plotkamp Jr

Place of Business, 253 E Lombard St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72579 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. L. Wolfangle

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* — — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Confectioner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 230 Saratoga st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 15th 84

Undertaker Mathew Corrigan

Place of Business, 22 Hull St

Louis Mac Hom M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa McAdams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colrd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Mos,

Place of Death, {Give street and number} 61 Hillen St

Cause of Death {First, (Primary,) Diarrhoea
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, H Lizens Cem.

Date of Burial, January 15

Undertaker, B. Hall

Place of Business, 92 West St

J. H. Branhurd M. D.
Medical Attendant.

Address, 837 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72621 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Cashmyer

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 23 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 137 Bank St.

Cause of Death. First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B'y

Date of Burial, Jan 15. 1/84

Undertaker M. A. Darger

Place of Business, 74 S Bury

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72922 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Waul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 63 Forrest St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Leslie

Date of Burial, Jan 16

Undertaker J. Reis

Place of Business,

J. R. Smith M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72523 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda Dawes Isabel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and Number.} 16 N. Chester

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, Jan 16/84

Undertaker Fly & Bro

Place of Business, 87 & Broadway

E. P. Sons M. D.
Medical Attendant.

Address, 276 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause, and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 725 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72524 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm T. Tanner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* One *Days,*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~——~~ None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 40 years,

Place of Death, {Give street and Number.} 234 E. Fayette St.

Cause of Death, First (Primary), Heart Trouble

Second (Immediate), Gen'l Oedema

Duration of Last Sickness, about 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 15th 1884

Undertaker Wm. H. Eichman

Place of Business, 234 E. Fayette St.

T. A. Lamar M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17

Permit No. 72625

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1884 BALTIMORE, MD.

Date of Death, January 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Kraft + Sarah E. Kraft.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, Male

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 34 Arlington Ave

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number.} 34 Arlington Ave

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Londen Park,

Date of Burial, Jan 15/84

Undertaker, J. B. Cook

Place of Business, 207 W. Balto. St.

.....

Medical Attendant. *M.D.,*

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

Board of Health, City of Baltimore,

Permit No. 72526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 15 1884
BALTIMORE, MD.

Date of Death, January 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bright

~~*Sex,* Male or Female;~~ {Cross out the words not required in this line.}

Age, 44 *Years,* 8 *Months,* 7 *Days*

Color, White

~~*Married,* Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Trust of the order of Redemptorist Fathers

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Sarato[illegible] & Ct. Cor. Park Ave.

Cause of Death, First (Primary,) Pyopneumothorax

Second (Immediate,) " "

Duration of Last Sickness, Long time

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ St. Alphonsus (Coemetery)

Date of Burial, Jan 15 '84

Undertaker, A. Rosenbergers

Place of Business, 20 Hanover St

T. Dwight M. M.D.
Medical Attendant.

Address, 108 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12527 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Bertha Scheiller

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 5-9. *Years,* — *Months,* ..... *Days,*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} N 122 N. Paca

Cause of Death, First (Primary), Fatty Heart

Second (Immediate), Syncope & Debit.

Duration of Last Sickness, Abt one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 17th 1884

Medical Attendant. M. D.

Undertaker John J Andrews

Place of Business 164 & 6 Druid Hill Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...y-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12528 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nannie Crane

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 19 *Months,* ..... *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Charles Co Md

Duration of Residence in the City of Baltimore, Twenty

Place of Death, { Give street and Number. } 229 Bruce ave

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 15

Undertaker H Ross

Place of Business, 25 Lombard St

Alexander Tinsley M. D.
Medical Attendant.

Address, Same

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Hendley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty four Years. Two Years

Place of Death, {Give street and number} 128 Cathedral St.

Cause of Death, First, (Primary,) Bright's

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 16th 1884

Albert J. Smith M. D.
Medical Attendant.

Undertaker, Nelson Suttles & Son.

Place of Business, Paul & Howard Sts

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 72530 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 14, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha J. Long

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 29.30 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and Number. } 92 No Appleton St

Cause of Death, First, (Primary,) Tubercular Laryngitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5-6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 16th 1884

Undertaker, G. Lewis Schaefer

Place of Business, 109 N Fremont Address, 550 No Greene St.

W. H. A. Keyser M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem... Back of this Certificate

Cases, Accompany ...tination.

Board of Health, City

Permit No 12631 Office of Registrar of Vita... No. 1

ard 6

The Physician who attended any person in a last illness, is responsible for the pres... cate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ... d deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Ce...

JA... 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 14th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fredericks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Nine *Months,* Twenty *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} N. East Cor. E. Madison & Castle St

Cause of Death, First (Primary),

Second (Immediate), Burns

Duration of Last Sickness, Thirty Six Hours

the above information should be furnished by the Physician.

Place of Burial, Gardenville Balto Co.

Date of Burial, Jan 15th 1884

Undertaker J. Kossina

Place of Business, 15 O'Neal St

Wm H. Clendenin, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 72532 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Chandler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 92 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1025 Druid Hill Ave

Cause of Death,
First (Primary), Old Age
Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1884

Undertaker Henry J. Mitchell

Place of Business, 65 S Broadway

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

18 Board of Health, City of Baltimore,

Permit No. 72583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

RECEIVED JAN 15 1884 BALTIMORE, MD.

Date of Death, Jany 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Minister

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 290 S. Howard St

Cause of Death { First, (Primary,) Paralysis
, { Second, (Immediate,)

Duration of last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Bluff

Date of Burial, Jany 15 1884

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 12584

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT
JAN 15 1884
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Long

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 33 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Greenbrier C Va

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} 55 Richmond St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, was not sick - complained a little, death was unexpected

All the above information should be furnished by the Physician.

Place of Burial, Church

Date of Burial, Jany 16 1884

Undertaker, Bell Chase

Place of Business, [illegible]

A B Kunes *M.D.,*
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12636 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 14, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad E. Bergen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ~~*Days,*~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 878 W. Baltimore St.

Cause of Death, First (Primary), Measles & Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Jan. 15/84

Undertaker A. Rohde

Place of Business, 48 Penna Ave. *Address,*

L. G. Scantlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884 12 to 5 Am

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margt. R. Beatty

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 73 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* ~~Male~~ Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co. Md always

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 226 W. Hoffman

Cause of Death, { First (Primary,) Paly — Dilated heart
Second (Immediate,) Syncope

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 16th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Per N. S. Keirle, M. D.
Medical Attendant.

Address 248 N Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 12537 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Shoulury

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Unknown "

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death; First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Three weeks

The above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 16th 1884

Undertaker Wm. O'Meaver

Place of Business, No 202 N. Eutaw St *Address,* University Hospital

I WEST M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12538 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Orchard St

Cause of death, First, (Primary,) Opium Poisoning

Second, (Immediate,)

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15 1884

Undertaker, Alex Hensley

Place of Business 160 Orchard St

R. Winslow M. D.,
Medical Attendant.

Address, 2014 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12539 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 83 Years

Place of Death, {Give street and Number.} 328 N. Dorough St

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jan 16th 1884

Undertaker James O. Byrne

Place of Business, No 63 N. Front St

S. N. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72540 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Adelaide Pachella

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 14 *Months,* NA *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 59 Pusidut pl

Cause of Death, First (Primary), Inanation, &c.

Second (Immediate),

Duration of Last Sickness, Feeble & Cachectic from birth.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, January 15 1884

Undertaker Jas L Byrne

Place of Business, 63 Fremont

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 72541 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of John & Mary Martin

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 *Days,* 11

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 43 East St

Cause of Death, First (Primary), ...

Second (Immediate), Prematurity

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 15

Undertaker J. P. Dupee

Place of Business, ...

Geo. H. Denson M. D.

~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 12542

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPOSITED JAN 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 184

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Cannack,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 109 N Charles st

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury

Date of Burial, Jan 15

Undertaker, Theadore Lock

Place of Business, 73 Jefferson St

A Atkinson M.D.,
Medical Attendant.

Address, 119 N Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 12543 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ 14th ; 2:55 P M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Walice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} No 176 Dover St.

Cause of Death, First (Primary), Cardiac disease (Valvular)

Second (Immediate). Dropsy

Duration of Last Sickness, 8 Month

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Cem

Date of Burial, Jan 15 1895

Undertaker H Boss

Place of Business, 21 Gorman

Wm A Chambers M. D.
Medical Attendant.

Address, Cor. Columbia Ave & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7257 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Aug. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lynda Elliot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and if born in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 18 Boston St.

Cause of Death, First (Primary), Bronchitis - Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, 16 January 1884.

Undertaker John P. Schuck

Place of Business, 265 Aliceanna *Address,* 77 So. Broadway

L. Wurdeman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Attendance of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 72546 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Cannolis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 *Years,* 7 *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Coach Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 546 Hartford Ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th

Undertaker George Schilling

Place of Business, Ashland Square

W. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 12576 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Wollager

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 708 N. Charles St

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 18 months

the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Jan 17

Undertaker B Hartle

Place of Business,

Wm Gamble *M. D.*
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72647 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Milton Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 348 N. Gilmor St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) a

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 16th 1884

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St.

J. H. Christian M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72648 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 14th. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Beckwith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 87 Thames Street

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 16th "

Undertaker, H. Fiske

Place of Business, 151 S. Bond

N. L. Dashiell, Jr. M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12679 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lorian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, W

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 145 Eastern Avenue

Cause of Death. First (Primary), Heart Disease

Second (Immediate), Syncope

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Greenly St Benjamin Found

Date of Burial, 17th February.

Undertaker Wendell Dippel

Place of Business,

Chas M. Elliott M. D.

Coroner & ~~Medical Attendant.~~

Address, 67 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72558 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Gruber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany about 60 years

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and Number.} 14 Philpot alley

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetary

Date of Burial, Jan 16 1894

Undertaker Rachel Mills

Place of Business, 95 Granby st

Chas. H. Moffit M. D.
Medical Attendant.

Address, 7 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 12557

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmina Amelia Schaff

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ Widower

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 92 E. Hoffman

Duration of Residence in the City of Baltimore, 13 days

Place of Death, { Give street and Number. } 92 E Hoffman

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Green

Date of Burial, Jan. 16 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* .....

J E Gorsuch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No 12652 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas W ~~Haing~~ Maing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 12 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 174 Dover Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), double

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 16th 1884

Undertaker Geo. Leimbach

Place of Business, 389 W Pratt St *Address,* 76 S Paca St

J H Kenny M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 7253

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janice Stacker

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137 Druid Hill Av

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16

Undertaker, A. Hennessey

Place of Business, Waverly

K. Winslow M. D.,
Medical Attendant.

Address, 2016 Brooks st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Board of Health, City of Baltimore,

Permit No. 12654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wyman Daniel

Sex, Male or Female, { cross out the word not required in this line. }

Age, About 15 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter in Drug Store.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Essex Co. Va.

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number } # 6 Parish all.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Meningitis

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Sharon Cemetery

Date of Burial, Jan 16 84

Jno. T. King M. D.
Medical Attendant.

Undertaker, Riley Handy

Place of Business, Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics of the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OT 48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12555 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kumlahn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 Days

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 504, E, Hazelle st

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, Lifetime

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 16 1884

Undertaker John Hennig

Place of Business, 382 Orleans St. *Address,* 238, N. Broadway

H. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72566 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
JAN 15 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Dahlmeyer,

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 83 Farmer St.

Cause of Death. First (Primary), Scald, (falling backwards in a wash boiler of hot water, severely Scalded from Knees up to axilla)

Second (Immediate), Shock.

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 17th 1884

Undertaker Philip S. Wiles

Place of Business 183 Columbia St

R. J. N. Tall *M. D.*
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Murray Shields

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 88 Years, 3 Months, 3 Days. *Sex,* Female

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reisterstown. Maryland

Duration of Residence in the City of Baltimore, 82 years

Place of Death, {Give street and number.} 22. Eutaw Street. Adm Hospital Branch.

Cause of Death, {First (Primary,) Capillary Bronchitis.
Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 18th 1884

Undertaker, J. J. Andrews

Place of Business, No 4 Druid Hill Ave

A. T. Reese M. D.
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 9 72677

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 15 188[illegible]
BALTIMORE, MD.

Date of Death, Jan 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj F. Cake.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Barber.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Eight Years.

Place of Death, {Give street and number.} 118½ N Calvert St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six Years.

All the above information should be furnished by the Physician.

Place of Burial, Harmony Cemetery Washington.

Date of Burial, Jan 17th 1884

Undertaker, Wm Madden

Place of Business, 46 East

F. W. Chambers M.D.,
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72559 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co.

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and Number.} No 536 Saratoga St.

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan. 17th 84

Undertaker M. Cadogan

Place of Business, 227 Mulberry

Chas. H. Nest M. D.
Medical Attendant.

Address, 306 N. Gayetto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12560 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Clarence Clarke Sturgeon

Sex, ~~Male~~ or Female {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 hr *Days,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 153 Eutaw Place

Cause of Death, First (Primary), ...

Second (Immediate), Prem. Birth

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Mt Daniel

Date of Burial, Jan 18

Undertaker Mr Kellman

Place of Business, ...

Chas. K. Gordon M. D.
Medical Attendant.

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12661 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1884 BALTIMORE, MD.

Date of Death, Jan 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Edwards Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 76 Eugene St Lucerne St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, One mth

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan 17th 84

Undertaker J G Trance

Place of Business, Bank & Holly *Address,* 35 E Eleed St.

E Brinkmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72562 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude May Abbott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* 0 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 509 Light St.

Cause of Death,
First (Primary),
Second (Immediate), Diphtheria.

Duration of Last Sickness, 12 days.

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 18/884

Undertaker Austin Quay

Place of Business, 268 Light St

Robert E. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72563 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Thomas

Sex, ~~Male~~, Female. { Cross out the word not required in this line. }

Age, 84 Years, Months, Days,

Color, Black

Married, Single, Widow or ~~Widower~~. { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 101 East St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 14 days

All the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1884

Undertaker A. Hensley

Place of Business, Eutaw St

Wm. H. Simon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 12564 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janᵧ 16 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lamarior Wirland

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 14 *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and Number.} 28 S. Mount St. near McHenry St.

Cause of Death, First (Primary), Scarlatina & Diphtheria —

Second (Immediate), (Diphtheritic toxemia —) Asthenia —

Duration of Last Sickness, 12 ᵈ/₅

the above info matter should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Jan 17

Undertaker L Haus

Place of Business,

C. C. McDowell *M. D.*
Medical Attendant.

Address, 642 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 12567

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Auer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow~~er~~, Widower, {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 111 E. Lanvale St.

Cause of Death, First (Primary), Diphtheritic Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 17th 1884

Undertaker Weaver Bro

Place of Business, Eutaw St

W. H. Carr M. D.
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72566 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15-26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George T Heidaman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* 20 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and Number.} 26 Calendar Alley

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, David Hill Parish

Date of Burial, Jan 17

Undertaker A Rohde

Place of Business, 48 Penna Ave

H. N. Webner M. D.
Medical Attendant.

Address, 298 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1276 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Elizabeth Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Ostend St

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Jan. 16' 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 15 S. Broadway

Jno D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 12868

Board of Health, City of Baltimore,

Permit No. 12568 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Melchior

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and Number. } No 301 McDonough St

Cause of Death, First (Primary),

Second (Immediate). Paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Gardenville Balto Co

Date of Burial, January 17th

Undertaker F. L. Grill

Place of Business, #131 Hanover St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72569 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Spillman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frankfurt on the Main, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 214 N Caroline St

Cause of Death, First (Primary), Valvular Dis. Heart

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 17th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St

Elias C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to the Regulations on the other side.

Board of Health, City of Baltimore,

Permit No. 12578 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Roediger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 84 Grindall St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, January 16

Undertaker B. Hall

Place of Business, 62 West St

Wm Gamble M. D.
Medical Attendant.

Address, 170 S. Short St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7257 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 day 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Bane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. A. Leo. Md.

Duration of Residence in the City of Baltimore, ~~all~~ [illegible] St.

Place of Death, {Give street and Number.} 25 Clifford St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy 8 hrs

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 16 — 84

Undertaker Wm J Gray

Place of Business, 66 Mulberry St. *Address,* 262 Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

Permit No. 7252 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Lyburn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* 22 *Days,*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 55 Portiers St

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) Old Age

Duration of Last Sickness, 3 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Jan 17/84

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St

A. Voll Colburn M. D.,
Medical Attendant.

Address, 343 N. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 72573 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Rasan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and Number.} 82 E. Fayette St.

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Rustman Cemetery Belle Air Road

Date of Burial, January 16

Undertaker J. Owens

Place of Business, 31 N. Hughes *Address,* E. Baltimore St

I. N. Hook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12577

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Herbert Barr

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 414 E. Lombard St.

Cause of Death,

First (Primary), Measels and Dysentery

Second (Immediate), asthenia

Duration of Last Sickness, ~~Days~~ Sundays

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jany. 17/84

Undertaker M. A. Dwyer

Place of Business, 745 S. Broadway

Jno. S. Smith M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7255 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vianello Battista

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 23 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Fall from Yard of Vessel causing hernia

Second (Immediate), Exhaustion

Duration of Last Sickness, 23 Days

the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Jany 15 1884

Undertaker Fred A Kerchner

Place of Business, 129 S Arlington Ave

West M. D.

Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7257 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wallis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chicago Ill

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and Number.} Harford Ave Hoffman

Cause of Death, First (Primary). Puerperal Fever

Second (Immediate). Pleurisy

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Sanitary

Date of Burial, Jan 17

Undertaker, Geo Stilling

Place of Business, Monument an

W. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 72677 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matthew Grant

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } America

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetary

Date of Burial, Jan 19 1884

Undertaker Jas McGinnis

Place of Business 13 Slocomar

J K Clark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12578 — *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida E. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co., Md.,

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 285 Alice Anna St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 17th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 W Bramley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72579 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred Voorhaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Four *Months,* ..... *Days,* 1

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 15 Power Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Nine (9) Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 18th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St.

L. A. Bibus M. D.
Medical Attendant.

Address, 15 Upper Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2680 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Fasdick.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* 10 *Days*

Color, White.

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Hampshire.

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} 562 E. Front St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 18th 1884

J. N. Hancock M. D.
Medical Attendant.

Undertaker Henry V. Mears

Place of Business, 46 N. Gay St *Address,* 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 72587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Lee Lewis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 3 dys

Place of Death, {Give street and number} 177 Hughes St.

Cause of Death { First, (Primary,) — / Second, (Immediate,) Atelectasis

Duration of last Sickness, 3 dys

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 17/884

Undertaker, Armstrong

Place of Business, 263 Light

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 2682 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kemp Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 18 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 4 & 6 Hughes St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 17 1884

Undertaker Armstrong & Denny

Place of Business, 263 Light St

J. K. Hiby M. D.
Medical Attendant.

Address, 195 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72573 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Huber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 L Ensor st

Cause of death, First, (Primary,) Scarlet

Second, (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 18, 1884

Undertaker, Henry Rueff

Place of Business, 309 Central ave *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12687 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Fallenbuhler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 16 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 707 Mulberry St Walden alley

Cause of Death, First (Primary), —

Second (Immediate), Eclampsia

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, F. H. Thomas Center

Date of Burial, January 18. 1884

Undertaker Henry Hoch

Place of Business, 369 Central ave *(Address,* 369 Central ave

E. S. Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 72587

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 16/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Carl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 3 *Months,* 16 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } E. N. amity

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Laryngeal Diphtheria

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Jan. 18 '84

Undertaker F. Leimbach

Place of Business, 389 N. Pratt St. *Address,* 179 N. Howard

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 121 East Fallsway

Cause of Death, First (Primary), Cerebro Cerebellitis

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hour & 15 min

All the above information should be furnished by the Physician.

Place of Burial, Bello

Date of Burial, Jan 16

Undertaker D. Corsini

Place of Business, Milton Ave

Address, 138 E. Fayette

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

12 **Board of Health, City of Baltimore,**

Permit No. 72687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, jan 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kilroy

Sex, Male ~~or Female~~, {cross out the word not required in this line.} male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} child

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Baltimore St, near Milton Ave

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) ll ll

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, January 17 84

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Chas Scriven

Place of Business,

Address, 205 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...the Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 12588 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. L. Tackett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No. 221 North Bond Street

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City.

Date of Burial, Jan. 18th 1884

Undertaker Adam Eirich

Place of Business, 461 N. Gay St. *Address,* .....

Milton [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2589 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 229 Chestnut

Cause of Death, First (Primary). Whooping Cough

Second (Immediate). Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Harper's Cemetery

Date of Burial, Jan 17 1884

Undertaker William N Bruce

Place of Business No 62 East St

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to Cause of Deaths on Back.

Board of Health, City of Baltimore,

Permit No. 12598 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Werner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 10 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Storekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, {Give street and Number.} 21 Patapsco St.

Cause of Death,
First (Primary), Typhoid Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks.

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sep 18th 1884

Undertaker Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 170 S. Sharp St.

Wm Gomke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72591 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1884 BALTIMORE, MD.

Date of Death, January 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harold. Merlis

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3. *Years,* 7. *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 407 Calhoun St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 407 Calhoun St.

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,) Diarrhea

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park.

Date of Burial, Jan. 17

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Geo. W. Norris M. D.,
Medical Attendant.

Address, 1 W. Cor. Lanvale & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7269 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rebecca Mason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifteen

Place of Death, {Give street and Number.} 84 E. Monument st

Cause of Death, First, (Primary,) Confinia

Second, (Immediate,) Puerperal Septicemia

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 18th 1884

Undertaker, Chas T Scriven

Place of Business, 2718 Eastaw St

Inman F Hill M. D.,
Medical Attendant.

Address, 17 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd A. Bennett

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 481 W. Fayette St

Cause of Death, First, (Primary,) Extravasation of urine

Second, (Immediate,) Uremia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 17th 1884

J. J. King M. D.
Medical Attendant.

Undertaker, Denby & Whitelee

Place of Business, 130 W Fayette St *Address,* 215 E Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7257 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, abt 3 years

Place of Death. {Give street and Number.} 120 Lancaster St

Cause of Death. First (Primary), Heart Disease

Second (Immediate), Suffocation Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Jan 17th 83

Undertaker E. Trance

Place of Business, Pan & Way

Chas. Morfit M. D.
Medical Attendant.

Conner & Co.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 12576 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Faldin Witter

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* about *~~Months,~~* *~~Days,~~*

~~Color,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Stevedore —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 30 yrs (about)

Place of Death, {Give street and Number.} 146 S. Ann St —

Cause of Death. First (Primary), Valv. dis. of Heart —

Second (Immediate), Asthma and apnoea —

Duration of Last Sickness, 4 yrs - more or less —

the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, January 17 1884

Undertaker A. Bandel & Son

Place of Business 25 Canton Ave *Address,* 642 W. Fayette St

C. C. McDowell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 72596 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herfmann Klümpöck

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 47 Cooksey A. Lombard

Cause of Death, First (Primary), Sham

Second (Immediate),

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial St Pauls Luth. Cem.

Date of Burial, Jany 18. 1884

R. L. Buddenbaum M. D.
Medical Attendant.

Undertaker H Sander & Son

Place of Business 552 Canton Ave *Address,* 166 S. Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ... Cases, Accompany ... Book of ...

Board of Health, City of Baltimore.

Permit No. 72597 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Louisa Gehle

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 81 *Years,* — *Months,* 1 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 40 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 293 Hanover

Cause of Death, First (Primary), Old age

Second (Immediate), Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 18 84

Undertaker Henry Brick

Place of Business, Hanover 81

Statts M. D.
Medical Attendant.

Address, 29 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. R398 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Carroll

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 161 N. Dallas St.

Cause of Death, First, (Primary.) Jaundice et Meningitis

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Mount Auburn

Date of Burial, Jan. 18. 1884

Undertaker, S. H. Adams

Place of Business, 75 S. Howard

E. B. Fenby, M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of This

Board of Health, City of Baltimore.

Permit No. 12599 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahala Bundy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 174 Stirling St

Cause of Death, First (Primary), Dentition

Second (Immediate), Catarrh

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Concealed

Date of Burial, Jan 17th 1884

Undertaker S. H. Evans

Place of Business, 198 E. Monument

Silas M. Hunter M. D.
Medical Attendant.

Address, 36 Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] and to List of Diseases on Back of Do.

Board of Health, City of Baltimore,

Permit No. 2600 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Trimble.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. vincent's Infant asylum.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), measles.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 18/84

Undertaker Frank Meeagh.

Place of Business, Irwin & Jones *Address,* Harlem ave & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12601 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gustii

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 162 Stiles st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 162 Stiles

Cause of Death, First (Primary),

Second (Immediate) Cyanosis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 18th 1884

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw st

Thos. H. Hewson M. D.
Medical Attendant.

Address, 14th Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 72 60½ *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude A Von Holten

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 102 N Bond St

Cause of Death, First (Primary), Measles

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Dallas

Date of Burial, Jan 18

Undertaker J D Kersey

Place of Business,

D W Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 12603 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Opper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 11 *Months,* 13 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 15 N. Amity

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), " "

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan. 18 1884

Undertaker J. B. Cook

Place of Business, 207 W. Balto St. *Address,* 179 N. Howard

Thomas O'Brien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12604 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj Franklin Wilson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 34 Lemmon st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 18/884

Undertaker J. B. Cook

Place of Business, 207 W Balto St

James Bailey M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

Board of Health, City of Baltimore,

Permit No. 72605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lucy A Clayton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Port Royal Va

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number} 409 W. Fayette St

Cause of Death { First, (Primary,) General Debility & her age
Second, (Immediate,) " "

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Port Royal Va

Date of Burial, Jan 18th

Undertaker, A Dickens & Co

Place of Business, Nov^d & Madison

T Chew Wetherbee M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov

Board of Health, City of Baltimore,

Permit No. 2606 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca C. Washburn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 241 St. Paul St

Cause of Death, First, (Primary,) Obstruction of Intestines

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 19th 84

Undertaker, Newington & Sons

Place of Business, Park & Saratoga

Wm. Ellis Wing, M. D.,
Medical Attendant.

Address, 121 St. Paul Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Strut.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ____ *Years,* 1 *Months,* 14 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Fleemouth.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} No. 1 Broomhall

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ~~to~~ on a Bruised Thumb.

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan. 18

J. E. McClain *M. D.*

Medical Attendant.

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle *Address,* Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 12608 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia P. C. Kleuza

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 3 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philada Pa

Duration of Residence in the City of Baltimore, 2 0 Years

Place of Death, {Give street and Number.} 213 Fountain St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Over 1 Year

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jan. 19

Undertaker Walter Immel

Place of Business, 315 W. Biddle Address,

J. W. Elmer M. D.
Medical Attendant.

Edward Bagert Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 72609 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 16 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. W. Crawford

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 1½ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 333 Sharp St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Loudenslak. Cem

Date of Burial, Jan 17th 1884

Howard Coe M. D.
Medical Attendant.

Undertaker Julius Roehler

Place of Business, Sharp & Lexington Sts *Address,* 1160 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72610 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 32 yrs —

Place of Death, {Give street and Number.} 57 Plum Alley —

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 19

Undertaker B. Hurle

Place of Business, 82 West St. *Address,* 161 S. Eutaw St.

Geo. W. Bell M. D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 7261

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Adkisson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and Number.} 91 Sarah Ann St - Balto

Cause of Death, First (Primary), Disease of Valves of Heart - mitral

Second (Immediate), Failure of Heart

Duration of Last Sickness, (5) five months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 18th 1884

Undertaker Wm. J. Gray

Place of Business, 65 Mulberry St

A. K. Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 726 1/2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leo Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 10 *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 23 Bruce St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 18th 1884

Undertaker, Wm R Denny

Place of Business, 62 East St

L. C. Brown M. D.,
Medical Attendant.

Address, 24 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7263 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended ~~any~~ person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Randolph

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* —— *Months,* —— *Days,*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and Number.} 51 Vincent alley

Cause of Death, First, (Primary,) Pulmonary

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, Jan 19th 1884

Undertaker, Wm E Burgee

Place of Business, 62 East St

HW Wright M. D., Medical Attendant.

Address, 53 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7264 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Quaikley.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} No. 11. Hagen? Court.

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Samuel Ben

Date of Burial, January 18 1884

Undertaker Wm Madden

Place of Business, 46 East Pr

J. E. Heard M. D.,
Medical Attendant.

Address, 216 E. Hermount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7267/5 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis C. McDaniel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 yrs 12 days

Place of Death, {Give street and Number.} 461 Frankstown

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 18th

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Vermont st. *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12616 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if proper, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and Number.} No. 2 St. Paul Court

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Ascites

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~

Date of Burial, Jan 18 1884

Undertaker, Alf Hemsley

Place of Business, ——

N. L. Oakley Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7267 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellison J. Lockwood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Jan 19

Undertaker, C. W. Blizzard

Place of Business, 198 Pennsa

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. C. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 2 *Years,* 8 *Months,* 11 *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 123 St Paul St

Cause of Death, {First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, I attended him 4 days

All the above information should be furnished by the Physician. but has been afflicted for years

Place of Burial, Laurel Cemetery

Date of Burial, January 18th 1884

Undertaker, W H Bishop Jr

Place of Business, 97 Druid Hill

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72617 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1934 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Nisenger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, white

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} No 31 Milliman corner of Bond St

Cause of Death, First (Primary), Brights disease of the kidneys

Second (Immediate),

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20/84

Undertaker Henry McInnis

Place of Business, No 8 Central Ave

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 72620 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Cox

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5~9 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Upholsterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} N. E. Cor Pattenson & Fawcett Aves

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jany 20th 1884

Undertaker John R Murphy & Co

Place of Business, 298 Penna Ave *Address,* Cars

Alexander Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12621 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, when properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT JAN 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Fletcher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line}

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 97 Edmondson Ave

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 18

Undertaker Chas H Dwyer

Place of Business, ...

Geo. W. Jenkins M. D.
Medical Attendant.

Address, 97 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Phys...

Board of Health, City of Baltimore,

Permit No. 72622 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christopher Sheetz

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 28 S. Eutaw

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hydrothorax

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carroll Cemetery

Date of Burial, January 20th 1884

Undertaker John Lake

Place of Business, 166 & Pabst St. *Address,* 28 S. Eutaw St.

F. Symmes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of ...

12 - **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 15 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mrs.~~ Ann Maria Frank

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* 15 *Days.*

Color, Black *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cooking

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bel Air Harford Co., Md.

Duration of Residence in the City of Baltimore, Twenty years. —

Place of Death, {Give street and number.} No. 9 Brewer's Alley

Cause of Death, First (Primary,) Severe Burns, caused by explosion of a can of benzine. Exhaustion

Second (Immediate,)

Duration of Last Sickness, Thirty two (32) hours. —

All the above information should be furnished by the Physician.

Place of Burial, Jany 17 / 1883

Date of Burial, West. Sub Cemty.

Undertaker, Fred A. Korchner

Place of Business, 129 N. Arlington Ave

Alexander Hill, M. D.
Medical Attendant.

Address 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 32624 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Galion.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 154 S. Spring St.

Cause of Death, First (Primary),

Second (Immediate), Puerperal fever.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan. 20

Undertaker W Dippel

Place of Business,

A. F. Esch M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72625 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carey Wolf

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 381 Lanvale st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co

Date of Burial, January 19 1884

Undertaker, John S. Meacham

Place of Business, No 150 Camden

J Stanley Steel *M. D.,*
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 72626 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 17, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Savage

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 838 W Balto st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 19/84

Undertaker J B Cook

Place of Business, 207 W Balto *Address,* 319 Hillen

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 7262

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A. Waite

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and number.} # 4 Columbia Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, Has been suffering with heart disease for many years but has had 3 Strokes of Paralysis since Oct 1883

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 20/84

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St

H. H. Goodman M.D.,

Medical Attendant.

Address, 18 Columbia ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2628 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert V Chase

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* 8 *Months,* 8 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 14 yr.

Place of Death, { Give street and Number. } 1032 Hanover

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Woodbine B & O R.R.

Date of Burial, Jan. 20/84

Undertaker J B Pooh

Place of Business, 2 or 4 Balto St *Address,* 319 Hallin

Jas Bordley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72629 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hallisay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} St. Vincents Hospital

Cause of Death, First, (Primary,) old age & General Debility

Second, (Immediate,) Cystitis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 19 1884

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J. H. Butler M. D.,
Medical Attendant.

Address, 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12630 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hatch

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 17 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 378 E. Fayette St.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 19/84

Undertaker Fry & Bro

Place of Business, 87 N Broadway

R W Mansfield *M. D.*
Medical Attendant.

Address, 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7263 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moriarty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and Number.} 98 Richmond St

Cause of Death, First, (Primary,) Phthisis Pulmonal.

Second, (Immediate,)

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Jan 19th 1884

Undertaker, Chas T Scriven

Place of Business, 27 N Eutaw St

C. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] and to the [illegible] this Certificate.

Board of Health, City of Baltimore.

Permit No. 12632 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Weis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* 13 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 295 N. Central av.

Cause of Death, First (Primary), Pneumonia Lobular.

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Johannes Cemetery

Date of Burial, January 21 1884

Undertaker Henry Koch

Place of Business, 309 Central Av. *Address,* 325 E. Baltimore

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12633. *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Buckman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and Number.} 204 Canton Avenue

Cause of Death, First (Primary),

Second (Immediate), Asthma,

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Heb. Cemetery

Date of Burial, Janar 20th 1884

Undertaker Wm Eilau

Place of Business, 10 Gough St *Address,* 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12634 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey B. Lemmon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 11 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} * 376 E. Pratt st

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), Eclampsia

Duration of Last Sickness, XX 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, Jany 19th 1884

Undertaker M. A. Daiger

Place of Business, 74 S. B'my

W. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. H. Hamill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 130 E. Eden St

Cause of Death { First, (Primary,) Stomatitis / Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 19 84

Undertaker, Wm Finch

Place of Business, 35 Bank St

Wm. P. Bates M. D.
Medical Attendant.

Address, 1112 E. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No 72636. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm M. Shaw

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 14 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cuba

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 408 E Fayette St

Cause of Death, First (Primary), ——

Second (Immediate), Acute Nephritis

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 19 1894

Undertaker Wm. H. Loane & Co

Place of Business, 338 W. Fayette st

Jno D Blake M. D.
Medical Attendant.

Address, 158 E Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72637 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bethiah S Snidler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, {Give street and Number.} 317 Lanvale St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 21. 1894

Undertaker, Thos S Hughes

Place of Business, 1013 Allendale

Chas. H. Riley M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72638 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~One~~ *Years,* 3 *Months,* *Days,*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hoke St 357

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the lungs

Duration of Last Sickness, Last day

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 19/1884

Undertaker, C. H. Clarke

Place of Business, 58 S. Howard

D. E. Barnes M. D.,
Medical Attendant.

Address, 232 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72639 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian C Nee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 242 E Baltimore

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 or 7 m

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet~~ Loudon Park

Date of Burial, Jan 20th, 1884. } Fullum M. D.,

Undertaker, Wm. H. Hickman } Medical Attendant.

Place of Business, 234 N. Gay St. } Address, 73 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Notice on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12640. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 18. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Burns

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ~~Not known~~ 33 years

Place of Death, { Give street and Number. } 112 Mulberry st

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, Found dead on floor (Instantly)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy

Date of Burial, Jan 20th 1884

Undertaker Joseph F Byrne

Place of Business, 59 S Liberty *Address,* Corner

Alexander Insley M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72621

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Williams.

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 151 Hanover St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharpshot Cemetery

Date of Burial, Jan 20 84

Undertaker Ref Hennessy

Place of Business 116 Richard St

W. S. Bier M. D.
Medical Attendant

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 72642 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sallie McFarland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 18 or 20 years

Place of Death, {Give street and Number.} 417 McHenry St

Cause of Death, First (Primary). —

Second (Immediate). Consumption of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilson Cemetery

Date of Burial, January 20

Undertaker D B Cook

Place of Business, 707 W Baltimore

W. Wm. Hume M. D.

Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 12643 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Hefle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 720 W Pratt St

Cause of Death, First (Primary), ...

Second (Immediate), Spasm

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lawton Pa

Date of Burial, Jan 20

Undertaker J C Bleecker MD

Place of Business, ...

Geo. F. Dunan M. D.
~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules [illegible] on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 72644 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Alexander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 131 Low St

Cause of Death, First (Primary), 12

Second (Immediate), Asthenia

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 19

Undertaker C. E. Hasler

Place of Business, ...

Geo. W. Dixon M. D.

~~Medical Attendant.~~

Address, 1 W of Mt Auburn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 74645 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hansen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Eleven *Years,* nine *Months,* — *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eleven yrs & Nine Mos,

Place of Death, {Give street and Number.} No. 20 Cider alley

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Endocarditis

Duration of Last Sickness, About Nine Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Jan 20

Undertaker, Peter Garvey

Place of Business, 153 N Colbe

W. J. Jones M. D.,
Medical Attendant.

Address, Balto. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72646 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. Bordly.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ~ *Months,* ~ *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 373 Wally near Pratt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 373 Vincent ally near Pratt

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, on

Date of Burial, Jan 19

Undertaker, C. Hedges

Place of Business,

G. W. Jones M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72647 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kaufer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 7 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Towson

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 262 Hamburg St. Howard

Cause of Death. First (Primary), ...

Second (Immediate) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, Jan 19

Undertaker F Kerdaun

Place of Business, ...

Geo. N. Gunson M. D.

~~Medical Attendant.~~

Address, On file Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72648 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, (or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Zachaki

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy — Since Birth,

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 33 Shakspeare St

Cause of Death, First (Primary), Tetanus Traumatica

Second (Immediate), ...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan 19th 84

Undertaker G. Frank John H. Kellberger M. D.

Medical Attendant.

Place of Business, Frank & Wolf *Address,* 143 Hillsdale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72649 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Krah

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 86 *Years,* —— *Months,* —— *Days,* 7

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 205 E. Howard av

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial. Jan 21st 1884

Undertaker, Ernst Schumann

Place of Business, 181 Sharp, ~~Street~~ *Address,* 164 Hanover

Geo. H. Simon M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12650 *Office of Registrar of Vital Statistics.* **Ward** 9

HEALTH DEPARTMENT JAN 19 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Michael J. Welch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* ✓ *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Boss Rigger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 47 Harrison St

Cause of Death, First (Primary), Killed by being struck by

Second (Immediate), apoplexy Fracture of Skull 10 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Jan 19 1884

Undertaker James O Byrne

Place of Business, 96 63 N Gray

H. Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72651 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary K. Rasch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1533. E. McElderry extended

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, January 20 1884

Undertaker John Herwig

Place of Business, 382 Orleans St *Address,*

J. McCollum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72662 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Tack

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 69 George St.

Cause of death, First, (Primary,) Pneumonia,

Second, (Immediate,) Laryngitis,

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan. 20 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

W. Edwd Janney, M. D.,
Medical Attendant.

Address, 242 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 7663 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884 - 6 30 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Shea

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First (Primary), Fracture of Femur

Second (Immediate), Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 20 /84

Undertaker H. Schultheis

Place of Business, Monument St.

Joseph A. White M. D.
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 72677 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine de'Joy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Voice

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 343 E. Madison St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 21st /84

Undertaker Tray & Bro

Place of Business, 81 N. Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72655 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Parker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, one *Years,* Six *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, one and a half yrs

Place of Death, {Give street and Number.} #24 Rayburn St

Cause of Death, First (Primary), Hereditary Syphilis

Second (Immediate), Inanition

Duration of Last Sickness, ~~Sick~~ two weeks

the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 19

Undertaker E A Kerdun

Place of Business,

Ralph Steiner *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 72 696 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Weber

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* 22 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 191 S. Charles St

Cause of Death,
First (Primary),
Second (Immediate) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Friday Jan 18/84

Theodore Cooke M. D.
Medical Attendant.

Undertaker Michael Doyle

Place of Business, 200 S. Charles St *Address,* 1466 Bouvier St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7267 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Zapuka

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 217 St Paul St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial. Jan 19

Undertaker, Dorsey & Hyatt

Place of Business,

E. V. Miltenberger M. D.,
Medical Attendant.

Address, 121 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72657 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert A. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital Nr Calvert & Saratoga

Cause of Death, First (Primary), Acute Miliary Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Jan 22nd 84

R. B. Watkins M. D.
Medical Attendant.

Undertaker G. Frazer

Place of Business, 93 Bank & Wolf *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72659 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Lantz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore all his life

Duration of Residence in the City of Baltimore, 1 yr 4 mo 5 d

Place of Death, { Give street and Number. } 16 N. Stricker St

Cause of Death, First, (Primary,) Acute Inflammatory Rheumatism

Second, (Immediate,) Tuberculare Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 20th 1884 Thos. J. Shearer M. D.,

Undertaker, S. A. Leonard & Son Medical Attendant.

Place of Business, 78 W. Baltimore *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention [illegible]

Board of Health, City of Baltimore.

Permit No. 72660 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Grottoly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 12 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 120 Sterling Ln

Cause of Death, First (Primary), Elampsia

Second (Immediate), —

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, January 20, 1884

Rev. S. Lonez MDD.
Medical Attendant.

Undertaker Henry Hogel

Place of Business 309 Central Ave Address, E. Coroner Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or before the burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus W Donaldson

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 22 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} United States Pa.

Duration of Residence in the City of Baltimore, 16

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible] hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery,

Date of Burial, Jan 21st

[illegible] M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business,

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72662 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie M. Schäfer

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, — *Years,* 4 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 70 Bisson st Locust Point

Cause of Death, First (Primary), Pneumonia double

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, St Alphons Ch

Date of Burial, January 20

Undertaker B. Hark

Place of Business, 82 West St.

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore.

Permit No. 72663 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Kessler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 0 *Months,* 18 *Days,*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation Boiler maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 135 Hamburg St.

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, about 3 months

the above information should be furnished by the Physician.

Place of Burial, Lauton Park

Date of Burial, January 21

Undertaker B. Hall

Place of Business, 82 West St.

Robert S Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 7266 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 8 / 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L Lippriano Sr

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baden, Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 45 Brown St.

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet C.

Date of Burial, January 21

Undertaker B. Hark

Place of Business, 82 West St.

C. H. P. Ellis *M. D.*
Medical Attendant.

Address, 312 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72665 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ackler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 10 *Months,* 23 *Days.*

Color, White

Married, ~~Single~~ ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 321 Saratoga St

Cause of death, First, (Primary,) Nephritis

Second, (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21st 1884

Undertaker, Geo Lemmlein

Place of Business, 239 N. Paca St

C. B. St. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72666 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or as soon thereafter or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Smith

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} M

Age, 59 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dr Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 91 Moores Al

Cause of death, First, (Primary,) Don't Know, had not seen him for a

Second, (Immediate,) month -

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Jan 19 1884

Undertaker, Wilson N Unger

Place of Business, No 62 East St

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 72667

Office of Registrar of Vital Statistics. 13

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Prudence Garner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 23 Yrs

Place of Death, {Give street and number.} 172 German

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, About 8 mo

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker, Henry Mitchell

Place of Business, 530 W. Fayette St

M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72668 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora A King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and Number.} 167 S. Charles St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Jan 20

Undertaker, Danny Mylander

Place of Business,

Jno M Coale M. D.
Medical Attendant.

Address, 162 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

7

Board of Health, City of Baltimore,

Permit No. 12669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* — *Months,* — *Days*

Color, white *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single.

Occupation, none.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 35 Years.

Place of Death, { Give street and number. } 120 220 N. Wolfe St

Cause of Death, { First (Primary,) old age. / Second (Immediate,) Heart-failure

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

John M. Lowman M. D.
Medical Attendant.

Place of Burial, Mt Carmel

Date of Burial, January 22 1884

Undertaker, John W Jackson

Place of Business, Gay & Caroline St *Address* 244 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 12670 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Elliott Scott Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 28 E. Chase St.

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Three Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial Jan 21st 1883

Undertaker J P Byrne

Place of Business, 63 Fronts *Address,* Balt. & Hanover Sts.

G. Glenville Keech M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72671 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 20 – 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S Hepburn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Williamsport Pa

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 310 Madison ave

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Janu 22nd 84

Undertaker, Thos F Hughes

Place of Business, 1 & E Balto

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 12672 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Mc Dermid

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Americus

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } asylum of the Little Sisters of the Poor cor: Preston and Valley Sts

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 22th 1884

Undertaker Henry J. Chelthein

Place of Business,

Dr. Brooke Bryan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72673 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Selden Munce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, Sixteen yrs

Place of Death, {Give street and Number.} 142 E Biddle St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, two years

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial. Jan 21st, 1884

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St

Hattan M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7264 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dennis Carson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* — *Days,*

~~Color,~~

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 15 Wilhelm St

Cause of Death, First (Primary), Pneumonia — sequent upon

~~Second (Immediate)~~, an Enteritis —

Duration of Last Sickness, In all 8 or 10 ds —

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 21

C. C. McDowell M. D.
Medical Attendant.

Undertaker J B Cook

Place of Business, 707 W Baltimore *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 12675 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Gil Hunt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Preston St No 137

Cause of Death, First (Primary),

Second (Immediate) Diphtheritic Croup

Duration of Last Sickness, 6 days

The above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 21st 1884

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

C S Mattson *M. D.*
Medical Attendant.

Address, No 136 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12676 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If any infant not named, give names of parents.} Geo. Schellhas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 8 *Years,* 5 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Confectioner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 444 Penna. ave.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " "

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial. Balt. Cem.

Date of Burial. Jan. 22

J. H. Christian M. D., Medical Attendant.

Undertaker, Walter Ensor

Place of Business, 315 W. Balto. *Address,* 431 Penna ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 2267 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPT. OF HEALTH JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemartine S. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32. *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 16 yrs -

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Eleven days -

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 21st 1884

Undertaker Clif. Hamsley

Place of Business, 116 Arch St

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 2678 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annuita & Ph T Meredith (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 hours. ~~Days~~,

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 409 Franklin St

Cause of Death, First (Primary), Prematurity (at 6½ or 7 mos)

Second (Immediate), " (undeveloped)

Duration of Last Sickness, 2 hours.

the above information should be furnished by the Physician.

Place of Burial, Fellows Cemetery

Date of Burial, Jany 21/84

Undertaker M C McKendrick

Place of Business, ———

Thomas O'Brien M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No 72679 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McCantrey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 S. Patterson Park av.

Cause of Death, First (Primary),

Second (Immediate) Apoplexy,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22d 1884

Undertaker Henry W. Mears

Place of Business, 415 N Gay St

L. H. Hoch M. D.
Medical Attendant.

Address, 93 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ida Callahan

~~Boy, Male~~ or *Female,* {cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 168 N. Calvert St.

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,) Dropsy

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 22d 1884

James A Lichty M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ~~compare~~ ases on Back of t...

Board of Health, City of L[illegible]re.

Permit No. 7268 *Office of Registrar of Vital Sta[illegible]s.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick Pfeifer

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~2~~ ~~*Years,*~~ ~~*Months,*~~ 2 weeks ~~*Days,*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, forever

Place of Death, {Give street and Number.} 223 Mulberry St

Cause of Death, First (Primary), Renal Irritation

Second (Immediate), Spasms.

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 21st 84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St

Louis L. Horn, M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72682 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 19' 1884 10. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily A Savage.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 65 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 N Stricker St

Cause of Death, First, (Primary,) Shock - Chorea Majr

Second, (Immediate,) Nervous Prostration - Paralysis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jany. 22' 84

Undertaker, Robt. Jenkins & Son

Place of Business, Park & Saratoga ~~St~~ *Address,* 543 Cathedral St

C. H. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72683 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Engel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 218 E Eastern Ave

Cause of Death, First (Primary), Pneumonitis

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Jan 24 84

Undertaker G. Frank

Place of Business, Bank & Wolfe

M. D.
Medical Attendant,

Address, 44 S Gay Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7687 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 201 N. Bond St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, one Day

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23

Undertaker Geo Schilling

Place of Business,

D J Gaston *M. D.*
Medical Attendant.

Address, 137 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12685 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jany 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Jane Jones

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days,*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 104 n. Eden St

Cause of Death, First (Primary), Arterial Ulcer

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22d

Undertaker Geo Schilling

Place of Business, ...

D D Jones M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last of Diseases to be Reported on this Certificate.

Board of Health, City of Baltimore,

Permit No. 72666 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Wright.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 27 y'rs

Place of Death, {Give street and Number.} 180 Hughes St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte at Cem.

Date of Burial, Jan'y 22, 1894

Undertaker B. H. Chase

Place of Business, 198 S. Howard

Chas. H. Ellis M. D.
Medical Attendant.

Address, 313 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7267 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19/04

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mahel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 years *Years,* 6 months *Months,* seven *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 95 Hanover

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, Four (4) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 21st

Undertaker John J. Bowman

Place of Business, Hollins proprietor

H. L. Spain M. D.
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72688 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} August Sauerland

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 21 N. Arnold.

Cause of Death. First (Primary), Measels

Second (Immediate), Measels

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 23rd 1884

Undertaker A. Kohler

Place of Business 214 E. Lombard St.

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12689 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 1/2 M *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 25 Bruce St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 20 1884

Undertaker, William Dunger

Place of Business, No 62 East St

J. E. Stirman M. D., Medical Attendant.

Address, 41 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12690 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Robeson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* one *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 1 Yr 1 mo

Place of Death, {Give street and Number.} 44 East St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Howard Cemetery

Date of Burial Jan 21 1884

Undertaker, William Lange

Place of Business, No 62 East st

J E Gooch M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certific

Board of Health, City of Baltimore.

Permit No. ~~7654~~ *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janu 19 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benj. J. Collins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 1 *Months,* *Days,*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 19 Mauldin St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 21 1884

Undertaker William N Dorsey

Place of Business, No 62 Eutaw St

J H Elmes M. D.
Medical Attendant.

Address, 25 Fayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 21 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Lindsey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1yr

Place of Death, {Give street and number} 17 X Ct.

Cause of Death First, (Primary.) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Can

Date of Burial, Jan 21 1884

J A Bowman M. D.
Medical Attendant.

Undertaker, H Bass

Place of Business, 95 Conway St

Address, 317 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

9

Permit No. 12693

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edd. S. Ulman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Students

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Franklin Pa

Duration of Residence in the City of Baltimore, three yrs

Place of Death, {Give street and number.} 50 S. Sharp St Baltimore Md

Cause of Death, First, (Primary.) Pneumonia (Double)

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Franklin Pa

Date of Burial, Jan. 21 '84

Undertaker, J. B. Bank

Place of Business, 707 W. Balto St

W. Page McIntosh M.D.,
Medical Attendant.

Address, 161 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention of Physi...

Board of Health, City of Baltimore.

Permit No. 2694 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sponer, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Elizabeth Donhoff.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* —— *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 3 Favor St.

Cause of Death, First (Primary), Catarrh & Chest.

Second (Immediate), Atrophy

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park,

Date of Burial, Jan. 22nd 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. H. H. Hebner M. D. Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72695 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 12 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 778 Baltimore St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan. 21/1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,*

J. G. Kuhnemann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Registrars ...

Board of Health, City of Baltimore.

Permit No. 7696 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz. Smith

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 74 *Years,* 2 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} [illegible] Aisquith St

Cause of Death. First (Primary), [illegible]

Second (Immediate). [illegible]

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius cem

Date of Burial, Jan 22

Undertaker W Bluttamp

Place of Business, 253 E. Lombard *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracy Simmes

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy 7 *Years,* Eleven *Months,* Twenty *Days.*

Color, Black *Sex,*

~~Married~~ ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 76 Years

Place of Death, {Give street and number.} 142 N Spring st

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Jan 21 1884

Undertaker, William Monroe

Place of Business, No 62 Exchange pl

L. L. Chabot M. D.
Medical Attendant.

Address 24 Barnet st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12698 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~John Young~~ Jan. 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), measles —

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Jan. 21/84.

Undertaker Frank McVeagh.

Place of Business, Fisher & Thomas.

R. W. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave, Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7269 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Sampson.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 7 *Days;*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First (Primary), General Debility - Exposure to cold.

Second (Immediate). Exhaustion -

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Jan. 21/84.

Undertaker Frank McVeagh.

Place of Business, Sinsin & Irmond

R. McGoldsmith M. D.
Medical Attendant.

Address, Harlem av, Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 72100 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Richards

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } Cor. Fort & Battery Ave 25

Cause of Death, First (Primary), ~~Lobar~~ Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 18 hours

All the above info mation should be furnished by the Physician.

Place of Burial Govanstown

Date of Burial, Jan 21st 1884

Undertaker C. T. Krauser & Son

Place of Business 209 Hanover.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 2760 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kinsake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 173 Baltimore

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, January 22 1884

Undertaker John Herring

Place of Business, 382 Orleans St *Address,*

D. J. Griffith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7202 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Finkel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 1 *Months,* 15 *Days,*

Color,

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Hesse Darmstadt)

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and Number.} 57 Orleans Street

Cause of Death, First (Primary), Senile Decay

Second (Immediate), Paralysis of heart

Duration of Last Sickness, Suffering from paresis for some years past

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 22d 1884

Undertaker Wm J. Shaefer

Place of Business, 261 N Central ave

Thos J. Simms M. D.
Medical Attendant.

office
Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12703 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1/20, 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Gormley

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } 185 N. Schroeder

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness, 5 Mos

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 22nd 1884

Undertaker John F. Mackey

Place of Business, No 150 Lamdin

Lewis McCashman M. D.
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore.

Permit No. 72704 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bernhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 Years, 8 Months, 7 Days,

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty-five years.

Place of Death, {Give street and Number.} # 197 Caution Av.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Nine weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore L

Date of Burial, June 22

John H. Kehberger M. D.
Medical Attendant.

Undertaker Wemhell & Sifrd

Place of Business, Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12702 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE 1884

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 10 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sevilla Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and Number.} 20 S. Chapel St

Cause of Death, First (Primary), Albuminaria - Bright's disease

Second (Immediate), Dropsy

Duration of Last Sickness, Some Three Years -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 22 84

Undertaker W. Dittel

Place of Business, do Bond 1151

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12706 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josefine & Louis Hachsman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 10 minutes ~~Days~~,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 432 Lee St.

Cause of Death, First (Primary), Premature birth at 8 mos. Deformed Pelvis of Mother giving rise to artificial

Second (Immediate), delivery & consequent death.

Duration of Last Sickness, 6 hours.

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 22

Undertaker C. Blenda

Place of Business,

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12707 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 129 Arnie St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 23rd 84

Undertaker [illegible]

Place of Business, [illegible] *Address,* 306 N Gaylor St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72708 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Ann Hoyt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 60 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 17 S Central ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 22

Undertaker Marshall & Hyson

Place of Business, ...

C. A. Hill M. D.
Medical Attendant.

Address, 619 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 12109 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Collins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty four *Years,* ~~Months,~~ ~~Days,~~

Color, Brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} No. 209 Preston St.

Cause of Death,
First (Primary), Catarrh
Second (Immediate), Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22 84

Undertaker Alf Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72 710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Wm Gardner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Year,* Three *Months,* Seven *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 Months & Seven days

Place of Death, {Give street and number.} 142 North Spring St Baltimo

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Spasms

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial Jan 22 1884

Undertaker, William H Berger

Place of Business #62 East St

L J Chabot M. D.
Medical Attendant.

Address 24 Barnet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

7211

Board of Health, City of Baltimore,

Permit No. 116 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Foster Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 mo

Place of Death, {Give street and Number.} 175 Vincent st

Cause of Death, First (Primary), Measels

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpest cemetery

Date of Burial, Jan 22 1884

Undertaker William N Bunger

Place of Business, #62 East st

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 7277 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Gant

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 129 Chesnut st

Cause of Death, First (Primary),

Second (Immediate). Burns

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 22 1884

Undertaker William N Dorsey

Place of Business, 62 East St

E. A Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 12713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Boulden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 2 yrs 3 mo.

Place of Death, {Give street and number.} 196 Robert st

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six Mo.

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Jan 22 1884

Undertaker, William N Dorsey

Place of Business, No 62 East st

E. Meierhoff. M.D.,
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12717 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Weisbrod

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 10 *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rotta Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 294 Cross St

Cause of Death, First (Primary), Old Age -

Second (Immediate), Genl Debility -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, 22 Jan

Undertaker Jas Keller

Place of Business, Cross & Hanover Sts

Ed A. Bell M. D.

~~Medical Attendant.~~ Coroner 2d Dist

Address, 161 S. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12710 *Office of Registrar of Vital Statistics.* **Ward** 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Love

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 2 1 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 493- N Gilmore St

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jany 22

Undertaker A Rohde

Place of Business, 48 Penna ave

O H Houck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72716 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schuebe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 425 N Eag St

Cause of Death, First (Primary), Consumption of the Lungs

Second (Immediate),

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, Jan. 23 d 1884

A P Smith M. D.
Medical Attendant.

Undertaker Adam Kunst

Place of Business, 461 N Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72717 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 22 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1904

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Blum

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 238 E. Fayette

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and Number. } 238 E. Fayette

Cause of Death, First, (Primary,) Inflammation of the Stomach

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Lorenz

Date of Burial, 22nd Jan 1904

Undertaker, Thos J. Hughes

Place of Business, 611 E Balto

J. E. Grosmuth M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7278 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idd Langridge

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 358 E Baltimore St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, abt 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22 Jany 84

Undertaker Thos J Hughes

Place of Business, 69 E Balto

Geo. L Kinnemon M. D.
Medical Attendant.

Address, 73 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No, 2719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Younger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 21 E. Pratt St.

Cause of Death. First, (Primary,) Mucous Canal fever

Second, (Immediate,) Nervous Prostration

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 22nd 1884

Undertaker, H a Daiger

Place of Business, 74 E. Broadway

Wm N Hill M. D.
Medical Attendant.

Address, 1962 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72720 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 21 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Augusta Matthias

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 7 *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 98 Fred[k] ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthma

Duration of Last Sickness, ~~-~~ 1 wk -

the above info mation should be furnished by the Physician.

Place of Burial, Western Cem[y].

Date of Burial, 22 Jan. 1884

C. A. McDowell M. D.
Medical Attendant.

Undertaker John P. Paul

Place of Business, 66 Fred[k] ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 72721 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Roderick Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 215 Conway St Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 215 ~~Boston~~ Conway St

Cause of Death, First, (Primary,) Measles

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill Cem

Date of Burial, January 23rd

Undertaker, Wm J. Turner

Place of Business, 65 S. Eutaw *Address,* 64 N Paca St

Wm B Turner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rule 10 of Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12722 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie B. Henry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* Two *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 198 S. Fremont St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, Eight Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, January 23rd 1884

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St. *Address,* 167 Barre St.

J. Tyler Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness (or the Coroner when the case comes under his notice), to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12723 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 14 *Months,* ~ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 168 Mulliken St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 wks.

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 22 nd 1884

Undertaker Wm Madden

Place of Business, 46 East Ld

G. H. Taylor M. D.
Medical Attendant.

Address, 284 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72724. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Imhoff.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 3 Farrow St.

Cause of Death, First (Primary), Catarrh of Chest.

Second (Immediate), Atelectasis

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemt

Date of Burial, Jany 22

Undertaker F B Cook

Place of Business, 707 W Baltimore

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12716 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Small

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} 6 Marriott Court

Cause of Death, First (Primary), Disease & old age

Second (Immediate), Erysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Conthart County

Date of Burial, Jan 23 1884 Chas. A. Bell M. D.

Undertaker Mcargen & Pyle ~~Medical Attendant.~~ Chas. Le Dent

Place of Business, 9 Mulberry St *Address,* 160 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12716 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bruce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* three *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Bronchitis & asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 22

Undertaker, C. O. Bloxom

Place of Business, 98 Park

T. A. Ambler M. D.,
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 72721 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Andrews

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 S. High

Cause of Death, First (Primary), Organic disease of heart, Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 23. 1884

Undertaker Wm. A Hickman

Place of Business 234 N. Gay St.

E. S. Thomas *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 Jan 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred a. J. Willing

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 6 *Years,* 1 *Months,* — *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 S. Patterson Park avenue

Cause of Death, First (Primary,) measles

Second (Immediate,) acute Parenchymatous Laryngitis

Duration of Last Sickness, Over —

All the above information should be furnished by the Physician.

Place of Burial, N. W. Cannel Cem.

Date of Burial, Jan 23d 1884

Undertaker, H. Sanderson

Place of Business, 252 Canton ave.

D. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12729 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter C Neale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 26 N Eutaw

Cause of Death, First (Primary),

Second (Immediate) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, January 23 1884

Undertaker James B Byrne

Place of Business, No 63 N Front St

H Conway M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to Rules on Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72720 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Hecker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and Number.} 2 Peach Alley —

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Westlawn Cemetery

Date of Burial. Jan 24th

~~Chas Beer~~ *M. D.,*

Medical Attendant.

Undertaker, Henry Brice

Place of Business, Henrietta 81

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72731 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Swan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ~~2~~ *Months,* *Days,*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Paris alley

Duration of Residence in the City of Baltimore, 2yr

Place of Death, {Give street and Number.} Little Calhoun st - 10

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Catarrhal Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shasp St

Date of Burial, Jan 23/84

Undertaker, Thos J Gahan

Place of Business, 60 Hadley St

William Lee M. D.,
Medical Attendant.

Address, Eutaw & Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

28

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12732 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1884 8 A.M.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hutchinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Mitral Regurgitation of Heart

Second (Immediate),

Duration of Last Sickness, Unknown —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 23d 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St

Joseph H. White M. D.
Medical Attendant.

Address, St Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. Foard

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 18 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 2 ys

Place of Death, {Give street and number.} 207 W Biddle St

Cause of Death, First (Primary,) Caries of Spine + Hip Disease

Second (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Jan 24th 1884

Undertaker, Henry Kerr

Place of Business, Park & Biddle

J. H. Mallonee M. D.
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72737 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan, 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Goubesch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* ..... 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Since Birth.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 284 S. Broadway

Cause of Death, First (Primary), Pneumonia (Acute)

Second (Immediate), ...

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, January 23 John A. Kelberger M. D.

Medical Attendant.

Undertaker Ford and Grady

Place of Business, corner Jefferson and Caroline Address, 743 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Steven Wanstall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 228 N Eutaw St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 23rd 1884

Mathew Brown M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12736

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12736 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Heffner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 175 Jefferson Street

Cause of Death,
First (Primary), congenital deformity
Second (Immediate), exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, January 23rd 1884

Milton A. Taylor M. D.
Medical Attendant.

Undertaker Lemmy & Mitchell

Place of Business, 66 S Broadway *Address,* No 138 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7437 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Stern.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles

Second (Immediate), Catarhal Pneumonia.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 23/84

Undertaker Frank McVeagh.

Place of Business, Funeral Parlors *Address,* Baltimore cor. Calhoun

R. McGillsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2738 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wilson

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, About 70 *Years,* —— *Months,* *Days,*

Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} # 8 Chestnut alley

Cause of Death, First (Primary), Dilated Heart -

Second (Immediate), Pulmonary Obstruction

Duration of Last Sickness, 16 days

All the above information should be furnished to the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Dec 23 - 84

Undertaker W. J. Gray

Place of Business, 66 Mulberry St

Henry Chandlee M. D.
Medical Attendant.

Address, # 181 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72739 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} * 96 E. Hoffman st.

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Apoplexy

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn N. Y.

Date of Burial, Jan 24 1884

Undertaker Wm H Hickman

Place of Business, 231 W Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, * 305 N. Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72740 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harris T. Downs,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Policeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, Sixty four years

Place of Death, {Give street and Number.} 410 Orleans St.

Cause of Death, First (Primary), Croupous Pneumonia,

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24/84

Undertaker Fry & Bro

Place of Business, 87 W Broadway, *Address,* Balt. & Mad. sts,

G. G. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 12741 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 23 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otwell Noble Mosell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Selma Place

Cause of Death, First (Primary), Tuberculur Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Several Mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jany 14th 1884

Undertaker Henry Mitchell

Place of Business, 530 W Fayette St

Thos Quinan M. D.
Medical Attendant.

Address, 71 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72 742 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 88

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta L & P Paulus

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 3 Clarkson St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 27

Undertaker B Hake

Place of Business, ...

Wm. T. Dunn M. D

~~Medical Attendant.~~

Address, 1 Prof Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lizzie Langford,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 3 *Months,* 26 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 275 Chapel st Balto

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, January 23 1884

{*Undertaker,* William H. Dungee

Place of Business, 62 East St

Chas. B. Ziegler M. D.
Medical Attendant.

Address 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 12444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12777 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 23 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence V. Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 2 *Days,*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 16 Mos.

Place of Death, {Give street and Number.} 4 Canon alley Brunchuts —

Cause of Death. First (Primary),

Second (Immediate).

Duration of Last Sickness, Three weeks —

the above information should be furnished by the Physician.

Place of Burial, Lunel Cemetery

Date of Burial, Jany 23, 1894

Undertaker Wm A Dunger

Place of Business, 62 East St

W. A. Jones M. D.
Medical Attendant.

Address, 2 N Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John O McCallister

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } Caroline & Thames N.E. Cor

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,) Asphyxia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Jan 23. 1884

Undertaker, M. A. Dauzer

Place of Business, 74 S. Bway.

Wm H. N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2246 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosamond F. Briggs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5-2 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 14 Hunt St. Locust Point

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City, Md

Date of Burial, Jany 24th 1884

Undertaker M. A. Daiger

Place of Business, 74 S. Bond

S. A. Sutton M. D.
Medical Attendant.

Address, 5 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12727 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, ... 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 20 *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, First (Primary), ...

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Interred, ...

Date of Burial, January 26th 1883

Undertaker H. A. Daiger Sr

Place of Business, 74 E Biddle

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72748 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Brine

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 87 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, 5-6 Years

Place of Death, {Give street and Number.} 10 Prospect Lane

Cause of Death, First (Primary), Paralysis cause Old age

Second (Immediate), ———

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetry

Date of Burial, January 23 1884

Undertaker William A Dugee

Place of Business, 62 East St

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1749

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 23 1884 BALTIMORE

Permit No. 72779 *Office of Registrar of Vital Statistics.* **Ward** ____

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19 - 84 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Dont Know

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), ____

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, ____

Date of Burial, Jany 20

Undertaker ____

Place of Business, ____

J. H. White M. D.
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7258 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Andrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 347 Cathedral St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, January 24th

Undertaker, Charles Scriven

Place of Business,

W. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12767 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Keale - Gerlach -

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 57 *Years,* ——— *Months,* ——— *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widowed

Occupation nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs -

Place of Death, {Give street and Number.} 279 ½ Front St -

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness, 6 wks -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtr

Date of Burial, January 24, 1884

Undertaker Henry Hoch

Place of Business, 309 Central ave *Address,* 1427 E Balt St

H. S. Hoch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72152 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Ricketts

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, { Give street and Number. } 4 Warren Court

Cause of Death, First (Primary), Child birth

Second (Immediate), Inflammation of womb 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bachmans

Date of Burial, Jan. 24

Undertaker Wm Frank

Place of Business, 35 Bank St. *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12763 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 23 Janu 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Bunck

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 16 N. Chappel St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ~~after~~ Exaustion)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cematary

Date of Burial, Friday 25th at 2. Oclock

J. J. Simms *M. D.*

Medical Attendant.

Undertaker George W. Bandel

Place of Business, 494 East Chase St. *Address,* 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 72707 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ~~person~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst Varrenkamp

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 yrs.

Place of Death, {Give street and Number.} 280 East. av.

Cause of Death. First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above info mation should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 25th 84

Undertaker G. France

Place of Business, Davis & Waste

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72766 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Jane Ellsworth Shafer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 Cross St.

Cause of Death, First, (Primary,) Pneumonia & Typhoid

Second, (Immediate,) Fever

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Jan 25

Undertaker, J B Bach

Place of Business,

John H. [illegible] M. D.,
Medical Attendant.

Address, 322 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7265 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23' 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachael Gordon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and Number. } 936 Aisquith St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Shock

Duration of Last Sickness, 3½ hrs

All the above information should be furnished by the Physician.

Place of Burial, Deer Creek Harford Co

Date of Burial, Jan. 26' 1884

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount av *Address,* 1439 Aisquith St

C. Street M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7275 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled up*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Burns

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Employee of B & O R.R. Co.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } B & O R.R. Bet Locust St. & Fort Ave

Cause of Death, First (Primary), Accidentally Struck by

Second (Immediate) An Engine B & O R.R.

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 25 84

Undertaker Matthew Cashman

Place of Business, 227 Mulberry St

D. A. Bell M. D.

~~Medical Attendant.~~ Coroner

Address 20 S. Charles E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12168 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22na 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna F. White

Sex, ~~Male,~~ or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* 8 *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 181 S. Dallas st

Cause of Death. First (Primary), Albuminuria

Second (Immediate), Paralysis

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 23. 1884

Undertaker J. J. Locke

Place of Business, 73 Jefferson *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Tho Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12759 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Burns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 166 Sterling st.

Cause of Death First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 23 1884

Wm. E. Purnell M. D.
Medical Attendant.

Undertaker J. J. Loocks

Place of Business, 73 Jefferson st *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7760 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Guttrie Sr.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, 68 *Years,* 4 *Months,* 20 *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine U.S.

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} 1115 East Lombard St.

Cause of Death. First (Primary), Pleuro-pneumonia & Brights disease

Second (Immediate), asthenia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jany 25th 1884

Undertaker H. A. Saiger

Place of Business, 74 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72761 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachus Weiler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 134 Battery Ave

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, January 25th

Undertaker, B. Hurle

Place of Business, 82 West St *Address,*

L Duncan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7762 *Office of Registrar of Vital Statistics,* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francesco Bazzelli

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 9 *Months,* 0 *Days,*

Color, whk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 65 N Frederick St

Cause of Death, First, (Primary) Bronchitis - Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 da

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 24 1884

Undertaker, C F Kraus

Place of Business,

B. F. Moore M. D., Medical Attendant.

Address 285 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7263 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew C. Wilbur

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 534 Hanover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 25 1884

J. C. Burch M. D., Medical Attendant.

Undertaker, C. F. Brauer Son

Place of Business, 207 Hanover St *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No, 7264 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward W. Dixon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 1 *Months,* 20. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 221 S. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days.

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, January 24th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7260 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tessa Mullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 220 Chestnut Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), " "

Duration of Last Sickness, 9 days

The above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 25 1884

H. N. Shultz M. D.
Medical Attendant.

Undertaker J Pumphrey

Place of Business, 20 Mulberry St *Address,* 107 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 2766 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Killian Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 220 Chesnut st

Cause of Death. First (Primary), Cancer of Stomach

Second (Immediate), " "

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 25 1884

Undertaker C Rosenberger

Place of Business, 20 Hughes

H. N. Shutts M. D.
Medical Attendant.

Address, 407 W. Lin[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 7276 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriott Liles

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, Nine *Years,* Eight *Months,* Twenty Three *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Harmony Lane

Cause of Death, First (Primary), Pertussis. (Hooping cough)

Second (Immediate), Prostration

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 26th 1884

Undertaker B. H. Mayo

Place of Business, 92 E. Howard St

B. F. Herman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7268 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Richwein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 37 S Arlington ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan. 24/84

Undertaker J B Cook

Place of Business, 702 W Balto st

James Booly M. D.
Medical Attendant.

Address, 319 Wallis ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7769 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L. Fleischer

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ *Years,* 9 *Months,* 11 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 16 Ramsay

Cause of Death, First (Primary), " Pneumonia "

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 26

Undertaker J. B. Corse

Place of Business, 707 W. Balto *Address,*

L. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72178 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Summers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* — *Days.*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 962 Dekalb st

Cause of death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 - 1884

Undertaker, Wm R Madden

Place of Business, 46 East Pratt

Whitefield Winsey M. D.,
Medical Attendant.

Address, 136 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Harris Clawson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Yorkville S. C.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 230 N. Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Inanition

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Yorkville S C

Date of Burial, Jan 24

Chas. B. Ziegler M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 811 Broadway *Address* 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

Permit No. 7272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McSweeny

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 20 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 33 Harmony la

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 25 1884

Undertaker, L Haus

Place of Business, 317 Mulberry

J. A. Buchanan M. D.
Medical Attendant.

Address, 1317 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72773 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Gant

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 *Years,* ..... *Months.* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death. { Give street and Number. } 148 S. Eutaw St.

Cause of Death, { First (Primary), ... Asthma

Second (Immediate), ... Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial Ger. Luth. Cem.

Date of Burial, Jany 24, 1884

{ *Undertaker* H. Sander Son

{ *Place of Business,* 262 Canton Ave *Address,* .....

Wm. Duhamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12774 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Conlone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 42 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Eutz. ave

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 24

Undertaker J. C. Wredefield

Place of Business, ...

Geo. N. Dawson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72776 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 24 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millie Norbeck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 9 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 y

Place of Death, {Give street and Number.} 80 Fridal st.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Nervous prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, January 25

Undertaker B. Heale

Place of Business, 82 West st

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7276 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Linda Dixon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and Number. } 79 Baker St.

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Belair Md

Date of Burial, January 24th 1884 Alexander Tinsley M. D.

Medical Attendant.

Undertaker J. H. Blanchard

Place of Business, 298 Gemmar ave *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72777 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 23/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva E. Powers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 839 N. Lombard St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 24 1884

Undertaker John P. Paulus.

Place of Business 466 Fredk. *Address,*

J. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2778

20

Permit No. 12778

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

Date of Death, Jan 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md. Life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Cumberland St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Serous effusion on brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 25th 1884

Undertaker, Wm Heaver

Place of Business, 202 N Eutaw

Chas E Sadtler M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to the Instructions on this Certificate.

18 12779

Permit No.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

Date of Death, January 24th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dennett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 390 Lexington St.

Cause of Death, First, (Primary.) Old age and debility

Second, (Immediate.)

Duration of Last Sickness, Effected for Some Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 25th 83

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,* 152½ N. Eutaw St.

J. Snigling M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 12780 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John E Rockport

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } Cor. Townsend & Harford Ave

Cause of Death, First (Primary),

Second (Immediate) Typhoid Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 28th 1884

Undertaker Thos P Byrne

Place of Business, Front st *Address,*

Chas Brooke Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7277 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. McCaffrey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 157 N. Spring Street

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Marasmus

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 25th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 461 N. Gay St.

J. W. Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 24 1884

Permit No. 7272 *Office of Registrar of Vital Statistics.* **Ward** 38A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 207 Eutaw St. South

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 25 1884

Undertaker Geo W Perkins

Place of Business, 217 Hamburg *Address,* 262 Sharp St.

P. M. Hall M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 72783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Inner.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 18 *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant asylum

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Measles.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 25th 1884.

Undertaker, Frank McVeagh.

Place of Business, Sivisin & Townsend

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem av, Catton.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7278 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Rice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Martinsburg Co. Va.

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give street and Number.} 101 N. Bond st.

Cause of Death, First (Primary), Morbilli

Second (Immediate). Croup

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 25th 1884

Undertaker Wm. H. Dickman

Place of Business 234 N. Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72765 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 25 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lindeman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ×××

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 119 Eastern Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Prot. Cem. Loth Cem.

Date of Burial, January 25. 1894

Undertaker H. Sander Son

Place of Business, 257 Eastern Ave. *Address,* 123 S. Ann St.

C. Weis Fuchs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12786 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Welch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 4 Kaufman alley

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 25th 1884

Undertaker Daniel Glynn

Place of Business, 109 West St

Theodore Lodge M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 72 187 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Nora R Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 15 Years (?)

Place of Death, {Give street and Number.} #52 Millington St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), & Exhaustion

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 26th 1884

Undertaker Henry Mc Gimsey

Place of Business, 476 N. Central Ave *Address,* 234 N. Bond Way

J. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 22788 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addison Richards

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 71 Sarah Alley St Baltimore

Cause of Death, First (Primary), Phthisis

Second (Immediate), Phthisis

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 25th 1884

Undertaker Henry Miller & Sons A. K. Bond M. D.

Place of Business, 44 N. Central Ave *Address,* Medical Attendant. 316 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of Form.

Board of Health, City of Baltimore,

Permit No. 72789

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 23rd 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edith S. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 76 Fremont Ave

Cause of Death, { First (Primary), Diphtheria

Second (Immediate), 13 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 25th 1884

Undertaker James B Byrne

Place of Business, No 63 N Front St

Silas H. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 12790 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dau of Eliza E Baker

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 5 weeks *Days,*

Color Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 27 Caird St

Cause of Death, { First (Primary), ... Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Catonsville

Date of Burial, Jan 25

Undertaker G. W. Dwyer

Place of Business, ...

Geo. H. Dunn M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 7279 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* Four *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 153 Hillen Street

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, about Two days

the above information should be furnished by the Physician.

Place of Burial, Bell's Cemetary

Date of Burial, January 27th 84

Undertaker Wm. H. Schmidt

Place of Business, 263 E. Eager St. *Address*

Luigi M. Elwell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Lamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Wh —

~~Married~~, Single, Widow ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 207 N Howard St

Cause of Death, {First (Primary,) Cerebral Hemorrhage} {Second (Immediate,) Coma}

Duration of Last Sickness, 3 hrs —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 25th 1884

Wm F. Lockwood M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 N Liberty

Address Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7273 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Barber

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Day,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 9 Fremont Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 9 Fremont Balto. Md

Cause of Death, First (Primary), Cynanosis

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 25 January 1884

Undertaker John C. Schuck

Place of Business 265 Aisquith

R. W. Mansfield M. D.
Medical Attendant.

Address, 1171 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12797 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Augustus Flynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 536. W Pratt St.

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) & Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Jan 26 1884

Undertaker, Jas P Coyne

Place of Business, 63 N Fremont

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 12796 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 208 E Lombard St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, January 27th 1884

Undertaker Henry A Mitchell

Place of Business, 65 S Broadway *Address.*

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 12796 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Simmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 9 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 131 Parkin

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, In. (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 26

Undertaker J. H. Means

Place of Business,

H. L. Shain M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible].

Board of Health, City of Baltimore,

Permit No. 72797 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan, 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Maretz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} dly-

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} # 276 S Broadway,

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Jan 25th 84

John H Kellberger M. D.
Medical Attendant.

Undertaker G. Franc[illegible]

Place of Business, Frank & Wolfe *Address,* 243 Alice Anna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No 12798 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 24. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Annie Loshern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 S. Castle

Cause of Death. First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Jan. 26th 84

Undertaker G. Trance

Place of Business, Bank & Wolfe Sts *Address,*

J. McAllister M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 12799

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Tomacek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1211 N. Washington St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cimitery

Date of Burial, January 26

Undertaker Horst and Evans

Place of Business, corner Jefferson and Castle *Address,*

J. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 12800 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Cortig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Seven (7) Months, Twenty one (21) Days.

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 813 N Durham St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Edampsia

Duration of Last Sickness, Two (2) hours

All the above information should be furnished by the Physician.

Place of Burial, St Stephens cemitery

Date of Burial, January 26

Undertaker Forst and Evarts

Place of Business, corner Jeffrson and Eutaw

J. Co Jones M. D.
Medical Attendant.

Address, E C Ex ev Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 7281 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta M. Beck

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 32 *Years,* 4 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Va

Duration of Residence in the City of Baltimore, 2 yrs —

Place of Death, {Give street and Number.} 192 E Monument

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 27

Undertaker G Schluter

Place of Business, —

H. Shell M. D.
Medical Attendant.

Address, 149 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72802 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora C. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 1/2 Years

Place of Death, {Give street and Number.} 373 S Caroll, Vincent Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, one week 3

the above information should be furnished by the Physician.

Place of Burial, Lf

Date of Burial, Jan 24/84

Undertaker Wm C Kirchman

Place of Business, 129 S Arlington Av *Address,*

G W Amos *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12803 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elejabeth Hocicay

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 133 Stone al

Cause of Death, First (Primary). Phthisis

Second (Immediate). 2 weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Jany 22 1884

Alexander Tinsley M. D.

Medical Attendant

Undertaker Fred C. Keelin

Place of Business, 129 Arlington Ave *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 12804 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23/94

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Neary

HEALTH DEPARTMENT JAN 25 1894 BALTIMORE

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color; White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England 7 Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Cerebral Embolus

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, —

Date of Burial, Jan 25

Undertaker G Rinehart

Place of Business,

Ed. R. Clark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan. 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine C. Mitchell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, in Maryland 10 years

Place of Death, {Give street and number.} 202 Druid Hill Ave

Cause of Death, First (Primary,) Colloid Cancer of

Second (Immediate,) the mammary

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Honeoburg. Pa. W. T. Howard M. D.

Medical Attendant.

Date of Burial, Jan 29

Undertaker, C. H. Blizzard *Address*

Place of Business, 198 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72806 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPT. JAN 26 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Kiester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 38

Place of Death, {Give street and Number.} 7 Clarkson

Cause of Death, First (Primary), Acute Mania

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 27

Undertaker B. Hark

Place of Business, 82 West St

R. & P. Ellis M. D.
Medical Attendant.

Address, 613 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7287 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Purdew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 8 *Months,* - *Days,*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 88 St. Mary St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Dem

Date of Burial, Jan 27th 1884

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2808

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth & John Kuecken

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, Immediately Months after birth Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 36 Hanover St

Cause of Death, First (Primary), Unknown

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist

Date of Burial, Jan 26

Undertaker G Bruce

Place of Business 161 Baltimore

J. H. Martin M. D.

~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 2809 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Mulligan

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and Number. } 50 Harford Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 27th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Jno Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 7280 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Russell

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 24 Hillen St.

Cause of Death. First (Primary), Heart Disease & consumption

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 26 th

Undertaker H.C. Wiedefeld

Place of Business, 90 Greenmount ave

E. B. Henby M.D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7281 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stolle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 17 *Days,*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co, Pa,

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give street and Number.} 212 Hanfield Ave.

Cause of Death, First (Primary). Bright's Kidneys, Organic

Second (Immediate). Disease of the Heart, Unascertained, 11 Months,

Duration of Last Sickness,

All the above information would be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 27th

Undertaker Wm J. Pickrell

Place of Business, 65 S. Eutaw St

John. I. Boyd M. D.
Medical Attendant.

Address 273 Lexington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 72812 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hupp

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 7 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 120 N. Front St

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Asthenia

Duration of Last Sickness, Five (5) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29th

Undertaker Geo. Schilling

Place of Business, ——

D. W. Selvage M. D.
Medical Attendant.

Address, E. Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 72813 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1884 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, January 25th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Saylor.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} # 203 E Baltimore St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, 28 Jan 84

Undertaker, Thos F Hughes

Place of Business, 110 E Balto

Saml J. Powell M. D.,
Medical Attendant.

Address, # 29 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72717 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 73 Years, 8 Months, no Days,

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore all life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 329 Mosher St.

Cause of Death, First, (Primary,) Fall - fracturing neck of left femur

Second, (Immediate,) Pulmonary Congestion, Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 29 1884

Undertaker, John J. Mackin

Place of Business, 150 Lanvale

Address, 55 to Greene St

W. J. Miller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Directions Below, and to List of Diseases on Back of Th...

Board of Health, City of Baltimore,

Permit No. 72816 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JA. 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Since Birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 274 S Bond St.

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 27th 1884

Undertaker Leonhard Kurz

Place of Business, 27 S Bond St.

John H. Kelberger M. D. Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 72816 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1934 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertha Smith

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 7 *Days,*

Color, colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, about a week

Place of Death, {Give street and Number.} 38 N Chester St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), (Fracture in Skull base)

Duration of Last Sickness, about 5 days I saw the patient only once)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sunday 27th 11 Oclock

Undertaker George W Bandel

Place of Business, 497 East Chase St

L. J. Simms M. D.

Medical Attendant.

Office 42 E Baltimore

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No 7287 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR... JA 1 26 1884 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, Jan 27 & 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathew E. Lewis

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* 1 *Months,* ... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 27 E Fayette

Cause of Death, First (Primary), Rubeola

Second (Immediate), 6 days

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, January 27 1884

Undertaker James P Byrne

Place of Business, No 63 N Grant St

M. McLewis

A. Shuell, M.D.

Medical Attendant.

Address, 148 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 72818 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT JA 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 423 N. Calhoun St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, 3 Mons

All the above Information should be furnished by the Physician.

Place of Burial. Mount Olivet

Date of Burial. Jan 27

Undertaker, C H Bryant

Place of Business, 198 Pratt Ave

H. H. Christian M. D.,
Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72817 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Belle Hopkins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* 7 *Days,*

Color, ~~—~~

~~Married~~, *Single,* ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Due to City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } No 335 Lindsay Av

Cause of Death, First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,) Diphtheretic Croup

Duration of Last Sickness, three days (3)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Jany 27th 1884

Undertaker, Stewart & Mourn

Place of Business, 38 Park ave

Thomas Shearer M. D., Medical Attendant.

Address, No 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore.

Permit No. 72820 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JA 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Beck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and Number.} 46 Douglass

Cause of Death, First (Primary), Said to have had Bronchitis

Second (Immediate) Dies Suddenly no seen until after death

Duration of Last Sickness, Said to have been 3-4 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 26. 1884

Undertaker William A Burgee

Place of Business, 62 East St

Whitefield Winsey M. D.
Medical Attendant.

Address, 116 E. Fayette St (Over)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7282 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JA 1 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} No 443 N. Gay St

Cause of Death, First, (Primary,) retroperitoneal cancer

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial. Jan 27th

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 169 a Charles St

Allen Baker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 72822 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Segars

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 5 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation None —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always —

Place of Death, {Give street and Number.} 313 Fort Avenue —

Cause of Death, First (Primary), —

Second (Immediate) Congestion of the Brain

Duration of Last Sickness, about 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 27

Undertaker B. Hurle

Place of Business, 52 West St

Dr. Lee M. D.

~~Medical Attendant.~~

Coroner

Address, 151 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 72823 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Rue

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days,* 1

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomack Co. Va

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 4 Windsor Alley

Cause of Death, First, (Primary,) From Burns

Second, (Immediate,) "

Duration of Last Sickness, 8 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26 1884

Undertaker, Hobbs

Place of Business, ~~76 Conway St~~

C. D. Smith M.D.,
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Sheet.

Board of Health, City of Baltimore.

Permit No. 12824 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Baxter

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 20 *Days,*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 67 n. Dallas E

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jany 27, 1884

Undertaker Rachel White

Place of Business, 35 Granby *Address,* 137 Orleans St

Dr Gwynn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 12825 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina E. Green

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} 39 S. Carlin St

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial Jan 26th 1884

R. W. Mansfield M. D.
Medical Attendant.

Undertaker J. J. Lucas

Place of Business, 473 Jefferson St. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Pay special attention to Physicians Responsibility, duties to the Sections below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 72826 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JA 1 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathilda Hines

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 163 N Mary St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 27 '84

Undertaker, D Emory Smith

Place of Business, 550 W Fayette St

John Neff M. D.,
Medical Attendant.

Address, 206 N Gandolton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No.

Board of Health, City of Baltimore,

Permit No. 72827 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McCleary

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Barkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 S. pratt & Calvert Sts

Cause of Death, First (Primary), 3 abscess of brain from fracture

Second (Immediate), 3 of skull

Duration of Last Sickness, abt 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore.

Date of Burial, Jan 27. 1884.

Undertaker Manlove Hickman

Place of Business, 234 & Gay St

Charles Jr. Moffit M. D.
Corner E. B. Medical Attendant.

Address, 67 East Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Post. Mortem)

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7282 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Lilly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 231 Sarah St

Cause of Death, First (Primary), Extirpation of Fibroid Polypus

Second (Immediate), Septicaemia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 27th 1884

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St

L. C Hoen M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No 7252 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Middle Police Station

Cause of Death, First (Primary), Intemperance & exposure

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Jan 26

Undertaker G Kinlich

Place of Business,

H. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of thi

Board of Health, City of Baltimore,

Permit No. 72830 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Blake

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* 21 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 113 N. Spring St.

Cause of Death, { First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, One month

the above Information should be furnished by the Physician.

Place of Burial, E.P.

Date of Burial, Jan 26

Undertaker C. Ruehaus

Place of Business,

Francis Gaver M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7283 ; *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Kremm

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 43 *Years,* — *Months,* — *Days,*

Color, Wh.

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 118 S. Caroline

Cause of Death, First (Primary), Chronic pulmonary

Second (Immediate), Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Jany 27. 1884

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave. *Address,* 248 E. Baltimore

J. Statter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 72832 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wf Schlicher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 315 Ashburton ave

Cause of Death, First (Primary), /

Second (Immediate), old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bare

Date of Burial, Jan 28

Undertaker J B Cook

... of Business,

Chas. A. Gaw M. D.
Medical Attendant.

Address, City Hall

...from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...d be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ...nded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...he death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ..., the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 12823 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Semmes

Sex, Male or Female, {Cross out the word not required in this line.} Man

Age, Sixty three Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 4 - Clifford Alley

Cause of Death, First, (Primary,) Brights disease of the Kidneys

Second, (Immediate,) Dropsy -

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, January 27 / 1884

Undertaker, H. F. Young Co

Place of Business, 638 W. Fayette St

W. L. Phillips M. D.
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 9 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 24 — "84. —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte E. Flamaer. —

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Janitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington, D.C. —

Duration of Residence in the City of Baltimore, Twenty Years. —

Place of Death, {Give street and number.} No. 12 N. Calvert St. —

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Exhaustion. —

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 1884

Undertaker, Alf Hensley

Place of Business,

Alexander Hill M. D.
Medical Attendant.

Address 43 N. Calvert St. —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif

Board of Health, City of Baltimore.

Permit No. 72831 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Lukett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Whitewashing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 15 Hollen St

Cause of Death, First (Primary), old Age

Second (Immediate),

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Centry

Date of Burial,

Undertaker Daniel J. Dungee

Place of Business, 43 Chestnut

Jas. H. Jones M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Weinman

[OVER]

Board of Health, City of Baltimore,

Permit No. 72836 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Sander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 weeks & 4 days

Place of Death, {Give street and Number.} 36 Leadenhall St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 28

Undertaker, Henry Briele

Place of Business, Hanover 81

Edwd J Beel M. D.,

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

For Special Attention of Physicians is respectfully directed to the Penalties Below, on Page of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 72837 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} /

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Birmingham, England

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and Number.} 114 W Townsend St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 28th

Undertaker, A Rohde

Place of Business, 48 Pems ave

P. W. Kohler M. D.
Medical Attendant.

Address, 146 Pesina Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 12838 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janry 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Broadway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B'C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 07 Woodyear a. near Edmondson av

Cause of Death, First, (Primary,) Atrophia

Second, (Immediate,) Pneumonia

Duration of ~~Last~~ Sickness,

All the above information should be furnished by the Physician.

Place of Burial Druops St Cemetery

Date of Burial, Jan 27 1884

Undertaker, William Dinges

Place of Business, No 62 East st

S. Hanneybee M. D.,
Medical Attendant.

Address, Edmondson & Catha...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 12639 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

Date of Death, January 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Della Willis Mansfield

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ... *Years,* Five *Months,* ..... *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married Cellon Wife of deceased

Occupation, ... Had in dying condition

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #23 Vincent Ave

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} #23 Vincent ave

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, about One week

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery,

Date of Burial, Jan 27 1884

Undertaker, William N Longe

Place of Business, No 62 East St

A C Ke M. D.,

Medical Attendant.

Address, No 1 Worth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 72828 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Franklin Corbin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Years, Twenty one *Months,* *Days,*

Age,

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co Virginia

Duration of Residence in the City of Baltimore, 1 year and a half

Place of Death, {Give street and Number.} #23 Parent al

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,) Lung fever

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Jan 27 1884

Undertaker, Wilson & Runge

Place of Business, No 62 East St

H C Pole M. D.

Medical Attendant.

Address, 101 North at

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 72841 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Earl Mother- Robt Allen Father -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Colored *Days,* 20

Color, ...

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } -

Duration of Residence in the City of Baltimore, 55 Vincent ave

Place of Death, { Give street and Number. } Life

Cause of Death, { First (Primary), St Vincent ave

Second (Immediate) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial Jan 27 1884

Undertaker William Dorsey

Place of Business, No 62 East st

Address, Corner

Alexander Tinsley *Medical Attendant.* *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... , or other persons superintending the Burial, a certificate setting forth as far as the ...me can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and ...te of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72842 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Dawage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* ~~*Months,*~~ ~~*Days,*~~

Color, Ed

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Steward

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md — Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 15 Stockton al

Cause of Death. First (Primary), Albuminuria —

Second (Immediate), Asthenia —

Duration of Last Sickness, 2 years-more or less

the above information should be furnished by the Physician.

Place of Burial, Sharps st Cemetery

Date of Burial, Jan 27 1884

Undertaker William Krieger

Place of Business, No 62 E or St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 1884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1884 10 pm

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lemuel H Arnold

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 15 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, At Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mt. Washington Balt Co Md

Duration of Residence in the City of Baltimore, 5 first months

Place of Death, {Give street and number.} # 20 Medtechni St

Cause of Death, First (Primary,) Scleroosis (Spinal)
Second (Immediate,) Coma

Duration of Last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 28/84

Undertaker, J B Court

Place of Business, 707 W Balto

N. G. Keirle M. D.
Medical Attendant.

Address 248 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 12841 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Nassauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and Number.} # 126 N. Central Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 1 yrs.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28th/84

Undertaker George Schilling

Place of Business, Ashland Square

Geo. H. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7 2 8 4 5 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1.26.84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fourth Shirdley Perry

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, Indian - (Choctaw)

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

~~Occupation~~

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 11/12 Yrs

Place of Death, {Give street and Number.} 19 Vine

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Town

Date of Burial, Jan 28 - 1884

Undertaker Wm Madden

Place of Business, 46 East St

W W Eastman M. D.
Medical Attendant.

Address, 349 Liver

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72846

Office of Registrar of Vital Statistics. 1300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 '84 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ballee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 15 Year

Place of Death, {Give street and number.} 188 Vine St

Cause of Death, First, (Primary.) Cerebral Disease

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About One Year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 - 1884

Undertaker, Wm Madden

Place of Business, 76 East St

E. Meiere, M.D.,

Medical Attendant.

Address, 427 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 72847 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co Le

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} No 19 Cambridge

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Alphoneus Grave yard

Date of Burial, January 28 - 3 o'clock P.M.

Undertaker John Brown

Place of Business, 224 S. Bethel St

D. [illegible], M. D.
Medical Attendant.

Address 224 S. Bethel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 12848 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Balto city

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 106 Wilcox alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27-94

E Michaux M. D.
Medical Attendant.

Undertaker Samuel H Chase

Place of Business, 198 S Howard St *Address,* 158 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12849 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A. Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 29 Hanover st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 27 1884

Undertaker, H H Chase

Place of Business, 198 Howard St.

J Ridgely Hall M. D., Medical Attendant.

Address, Eutaw Pl ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 12857 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Mentes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 2 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laundry

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 270 Gay Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Haemoptysis

Duration of Last Sickness, Three (3) years

the above information should be furnished by the Physician.

Place of Burial, St James Ch

Date of Burial, January 29 1884

Undertaker Henry Hook

Place of Business, 30 N Eutaw St *Address,* E or Bayerstown

J W Slater M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7287 ; *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Bowers.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 43 yrs.

Place of Death, {Give street and Number.} 839 W. Lombard St.

Cause of Death, First (Primary), Abortion (Accidental)

Second (Immediate) Inflammation of Womb. Case had been in charge of a woman and was greatly neglected, Only Seen Case during last two days of Illness

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 28 1884

H. H. Webner, M. D.
Medical Attendant.

Undertaker John O Paul's

Place of Business, 66 Fredk. Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 7285 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Council

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 7 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 98 Fort Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, About 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, January 28

Undertaker B. Hall

Place of Business,

Robert S. Rowe M. D.
Medical Attendant.

Address, 833 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7263 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Jan 26th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie A. O'Brien

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color. White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 28 N. Henry St.

Cause of Death. First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan. 29/84

Undertaker J. B. Cook.

Place of Business, 707 W. Balto St. *Address,* 283 N. Lombard

Edw. F. Mecholen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 220

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 7285 7 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Hutchins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 24 Jackson St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 28th 1884

Undertaker J. Lorit[illegible]

Place of Business, # 156 W. Madison St.

Edward F. Duvall M. D.
Medical Attendant.

Address, 54 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

16

Board of Health, City of Baltimore,

Permit No. 72855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Volb

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ~~3~~ *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 S Sharp St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 29th 1884

Phillip Winter Sr. *M. D.*
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 72656 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Phoebus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 126 Chew St ~~Paralysis of Heart~~

Cause of Death, First, (Primary,) Paralysis of Heart

Second, (Immediate,)

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Jan 29th

Undertaker, Geo Schilling

Place of Business,

E. B. Fenby M.D.,
Medical Attendant.

Address, Cor. Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72857 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Winton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 6 Jasper St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 28

Undertaker W. Cadogan

Place of Business, ...

Wm. H. Simms M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 72868 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Christina Elizabeth Wichausen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~He~~ She Widow

Age, 72 *Years,* 11 *Months,* 6 *Days,*

Color, W.

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years —

Place of Death, {Give street and Number.} 8 N. Paine St —

Cause of Death, First, (Primary,) Acute Desquamative Nephritis —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 29

Undertaker, Walter Immes

Place of Business, 345 W. Biddle *Address,*

W. Rickert *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7289 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Catty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 3 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 46 Penn Ave

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 29th 1884

Undertaker Jno Heath

Place of Business, 150 Canton

Jno D Blake M. D.
Medical Attendant.

Address, 158 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hartman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* ~~0~~ *Months,* ~~1~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} # 71 Lancaster St,

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Jan. 28th

John H. Rehberger M. D.
Medical Attendant.

Undertaker Wm Fenner

Place of Business, 35 Park St *Address,* # 1434 Lice Fenner St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72861 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 69 S. Spring St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 29 84

Undertaker Mr. Frank.

Place of Business, 33 South St.

Medical Attendant. M. D.

Address 249 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

7862 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No......

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Coffman.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md U.S.

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} # 44 S. Bond St

Cause of Death, First (Primary,) Pneumonia.
Second (Immediate,) Convulsions.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem. *J. M. Carnell* *M. D.*

Date of Burial, Jan 26th 84 Medical Attendant.

Undertaker, G. Frame *Address* # 340 E. Fayette St.

Place of Business, Pons & Wolfe Sts City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 72865 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27- 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bores

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 18- Months

Place of Death, {Give street and Number.} 276- L Conn. Av-

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthma

Duration of Last Sickness, 4- Months

the above info mation should be furnished by the Physician.

Place of Burial, Greer- Home

Date of Burial, Jan 29- 1884

Undertaker Crack & Co

Place of Business, Jefferson & Caroline St-

Geo. W. Gibson M. D.
Medical ~~Attendant~~

Address City of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore.

Permit No. 7284 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Mary Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } 308 N. Eden st.

Cause of Death, First (Primary),

Second (Immediate), Paralysis 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery Govanstown

Date of Burial, Jan 29th 1884

Chas Frost Bond M. D.
Medical Attendant.

Undertaker Henry W. Means

Place of Business, 45 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10 Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

Permit No. 22865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 84 3 a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Elizabeth A. McLaughlin

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 25 *Years,* ~~2~~ *Months,* ~~—~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Naugatuck New Haven Co Conn.

Duration of Residence in the City of Baltimore, Three months

Place of Death, { Give street and number } 143 Mulberry St.

Cause of Death, First, (Primary.) Hydrops pericardii

Second, (Immediate.) Asthenia

Duration of last Sickness, Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 29th 1884

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St.

R. Bryson Todd M. D.
Medical Attendant.

Address, 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Disease on Back of this Cert...

Board of Health, City of Baltimore.

Permit No 72866 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Obie Winfield Wiley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 159 Vine Street

Duration of Residence in the City of Baltimore, 14 Mo.

Place of Death, {Give street and Number.} 159 Vine Street

Cause of Death, First (Primary),

Second (Immediate) Tymanche Trachealis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 84

Undertaker Alb Kunsle

Place of Business,

B.S. Titcomb, M. D.
Medical Attendant.

Address, 616 West Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7286 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara A Christain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 202 Cathedral

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1884

Undertaker, Hy. Hemsley

Place of Business, 116 Orchard st

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Mad. avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 72868

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen E. Shumack

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, (Deposited) 74 *Years,* *Months,* *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 245 N Howard -

Cause of Death, First, (Primary.) Infirmities of Age - Sale - Shock

Second, (Immediate.) Diarrhoea - exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 29th

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Ave

Richard Le Stong M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72869 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mary & John Schmuck

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Hole Ln

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Helens

Date of Burial, Jan 28

Undertaker J Bleach

Place of Business, ...

Geo. W. Jones M. D.
Medical ~~Attendant~~.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Permit No. 7270

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Parish of Rapides - Louisiana.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 367 Eutaw Place - Balto.

Cause of Death, First, (Primary.) Fibro-Cystic tumor Uterus.

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, Jany 29th 1884

Undertaker, Stewart & Warren

Place of Business, 35 Park ave

H H Ellison M.D.,
Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Following

Board of Health, City of Baltimore,

Permit No. 7287

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Lucas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 25 S. Orleans St

Cause of Death, First (Primary), Croup, Bronchitis

Second (Immediate), ...

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 27th 1884

Undertaker William H. Duncan

Place of Business, 62 East St

H. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 124

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72872 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Oppenheimer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 77 E. Lombard

Cause of Death, First (Primary), Inflammation of the lungs

Second (Immediate),

Duration of Last Sickness, — 6 days -

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cemetery

Date of Burial, Janar 29th 1884

Undertaker Wm. Eilau

Place of Business, 101 Gough St *Address,*

H. Connelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 72873 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Johnson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, J

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Wallis ct

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 28

Undertaker Wm H Dugee

Place of Business,

Geo. R. Dennon M. D.
Medical Attendant.

Address, 82 E of Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 72764 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis I. Stubbs.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, (6) 5 *Years,* 4. *Months,* 19. *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D-C

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and Number.} 91 N. Chas —

Cause of Death, First, (Primary,) Febris Typhoidea.

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 11 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 29th 84

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St. *Address,* Forrest & Eager Nos

J. R. Stubbs, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 12876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1884 BALTIMORE

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Engle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 143 Chesapeake St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Jan 29th 1884

Undertaker Geo Sander & Son

Place of Business, 232 Eastern Ave

E Williams M. D.
Medical Attendant.

Address, 53 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72876 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gray

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Boilermaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} No 80 West St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 29

Undertaker, Armstrong & Sons

Place of Business, 260 Light

I. C. Burch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 29 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 94.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Warner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Prostitute

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Juniata Co. Penn

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 131 North St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 29

Undertaker, Beach & Akers

Place of Business, 31 N. Eighth

E. Brack M.D.,

Medical Attendant.

Address, 51 N Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72878 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th January 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Hoffstein.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty five (55.) *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Munich. Germany.

Duration of Residence in the City of Baltimore, About Thirty Years.

Place of Death, {Give street and Number.} No 48. N Liberty Street.

Cause of Death, First, (Primary,) Cerebral Harmorhage.

Second, (Immediate,) Paralysis.

Duration of Last Sickness, Three days.

At the above information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, January 30

Undertaker, W. Cilau

Place of Business, 101 South St

W. Ran Bibbs M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72879 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 29 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* ✓ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 196 Kennedy St

Cause of Death, First (Primary), ~~Phthisis~~

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Jan 29 1884

Undertaker H. Ross

Place of Business, 96 Conway St

C. S. Burge M. D.
Medical Attendant.

Address, 216 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 72880

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 72 Bergundy alley

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1884

Undertaker, H Ross

Place of Business, 95 Conway St

A. H. Goodman M.D.,
Medical Attendant.

Address, 18 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Wilmore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, {Give street and number.} 21 Orchard St

Cause of Death, First (Primary,) Pleuro-pneumonia

Second (Immediate,)

Duration of Last Sickness, 48 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Jan 29 — 84

Undertaker, Wm J. Gray

Place of Business, 63 Mulberry St.

W. T. Howard, M. D.
Medical Attendant.

Address 161 Md. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72882 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~12~~ 8 *Years,* 8 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Doing life

Place of Death, {Give street and Number.} Cor Randall & Codington 015

Cause of Death, First (Primary), Paralysis, General

Second (Immediate),

Duration of Last Sickness, 3 or 4 Years

the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, January 30

Undertaker B Houle

Place of Business, 1631 Pr. 82, *Address,* 110 Fort ave

C. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7883 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schaable

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ???

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 44 Hammond Alley

Cause of Death,
First (Primary), Diptheria
Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery Belair Road.

Date of Burial, Jan 29th 1884

Undertaker Peter Frey

Place of Business, 91 Eastern Ave, *Address,* 299 E. Balto St.

James E Donnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schnatz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X Y

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 414 Hammond Alley

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery Belair Road

Date of Burial, Jan 29th 1884

Undertaker Peter Frey

Place of Business, 91 Eden ave

Louis E Daniels M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72885 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McCauliffe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Hackman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and Number.} 25 W. Chase St.

Cause of Death, First, (Primary,) Lockjaw (Tetanus)

Second, (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, January 29 1884

Undertaker, James P. Byrne

Place of Business, No 63 N Grent St *Address,* 115 W. Monument St

C. O'Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12866 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th. — 2 P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Edward Snyder.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } male

Age, One *Years,* ——— *Months,* Nine *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and Number. } #309 Columbia Ave.

Cause of Death, First (Primary), Inf. of brain

Second (Immediate), Convulsions

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30th 1884

Undertaker Joseph B Cook

Place of Business # 707 Bal^o St

Wm H Hendrix M. D.

Medical Attendant.

Address, Cor. Columbia Ave. & Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7287 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. R. Brennecke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 233 E. Fillmore St

Cause of Death, First, (Primary,) Cardiac Affection

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemy

Date of Burial, Jany 30th 1884

Undertaker, Denny and Mitchell

Place of Business, 530 W. Fayette St

C. W. Mitchell Coroner, M. D., Medical Attendant.

Address, 121 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...special attention ... invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 2884 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmina M Goier

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, {Give street and Number.} 455 W Fayette st

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cem

Date of Burial, January 29th 1884

Undertaker Penny & Mitchell

Place of Business, 530 W Fayette St *Address,* 319 Holliday

James Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7289 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Grunwald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} dtz

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 10 & 12 Shakspeare St.

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, 29th Jan

Undertaker W Duffield

Place of Business, 151 & Boundary Ave

John H. Kehlberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th of January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Leonhardt Mueller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 386 Light ste.

Cause of Death, First (Primary,) Tuberculosis (pneumonia)

Second (Immediate,) Hydrops pericardii

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, West a Cemetery J. A. Boehme, M. D.

Date of Burial, January 30 Medical Attendant.

Undertaker, B. Heal

Place of Business, 82 West St *Address* 119 Hanover ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 72891 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28. 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levinia White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3- *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 152 York St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 29 1884

Undertaker H W Chase

Place of Business, 198 Howard St

W. S. Bird M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7289 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 - 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Ettes Troger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* 8 *Months,* 25 *Days,*

Color, White -

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt -

Duration of Residence in the City of Baltimore, super

Place of Death, { Give street and Number. } 304 Hartford Ave

Cause of Death, First, (Primary,) Congestion of lungs -

Second, (Immediate,) Apnoea -

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st

Undertaker, Geo Schilling

Place of Business,

Jno Mullen M. D.,
Medical Attendant.

Address, 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72883 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27 /

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Wilson

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 2 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Plum alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness,

All the above Info mation should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 29 84

Undertaker Gill Perkins

Place of Business, 217 Aisenburg

C. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72894 *Office of Registrar of Vital Statistics.* Ward 9 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Berryman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 211 N Paca St

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, 96 Peters

Date of Burial, Jan 29 1884

Undertaker, C P Krause & Son

Place of Business, 209 Hanover *Address,*

S Sheldon M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12895 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gantz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 11 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country, and now long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 66 York St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial. Jan 30 1884

Undertaker, C F Krause

Place of Business, 269 Hanover

J C Burch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12896 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Bruce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 st *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Sixty Seven years

Place of Death, {Give street and Number.} No 153 E Madison St

Cause of Death, First (Primary), Paralysis

Second (Immediate), [redacted] Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemt

Date of Burial, January 31st 1884

Undertaker John Lake

Place of Business, 660 Balto St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72897 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27. 1884. at 9.50 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lee Shepard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 8 *Years,* 1 *Months,* 24 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and Number.} 249 Dolphin St.

Cause of Death, First (Primary), Pyaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mos.

the above information should be furnished by the Physician.

Place of Burial, Bonie Brea Cem

Date of Burial, Jan 29 84

Undertaker Martin Fahey

Place of Business. 128 Townsend

Geo C Shannon M. D.
Medical Attendant.

Address, 176 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29, 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda A. Burns,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 80 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow,

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County, Maryland

Duration of Residence in the City of Baltimore, 13 years,

Place of Death, {Give street and number.} 103 Edmondson Avenue,

Cause of Death, First (Primary,) Ossification of Aorta and old age

Second (Immediate,) do, do,

Duration of Last Sickness, Hour marks,

All the above information should be furnished by the Physician.

Place of Burial, Port-de-posit

Date of Burial, Feby 1st 84

Undertaker, Thos L Hughes

Place of Business, 6th & Balto

Henry L. Byrd M. D.
Medical Attendant.

Address 127 N. Arlington Ave
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the Notice below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

2

Permit No. 72699 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capt. C. F. Bunnell

Sex, Male or Female, { Cross out the word not required, in this line. } Female

Age, 19 *Years,* *Months,* *Days,* 7

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B'd'e

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 5 L Lane

Cause of Death, First (Primary), Bright's Disease of the Kidneys

Second (Immediate), Uraemic Poisoning

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, at St Johns

Date of Burial, Jan 31st

Undertaker W. Blattenberger Jr.

Place of Business, 253 E Lombard St

G. L. Wilkins M. D.
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 72900 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Anna Hentmeyer 28 January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 12 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and Number.} S. Sharp St 85

Cause of Death, First (Primary), Tabes mesenterica

Second (Immediate) Whitlow

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Wednesday January 30th 1884

Undertaker Conrad Kunkel

Place of Business, No 60 Park ave

H. F. Reinhard M. D.
Medical Attendant.

Address, 205 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 72901 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V Frizzell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 Hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 N Arlington Av

Cause of Death, First (Primary), Not fully developed

Second (Immediate), ...

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan. 30/84

Undertaker J R B Cook

Place of Business, 707 W Balto St

James V Bailey M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

To Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, January 28, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Merryman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy four *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City - Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 65 Myrtle Ave.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Exhaustion -

Duration of last Sickness, Confined to bed Since the Summer of 1881

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 30 1882

Undertaker, J J Locks

Place of Business, 473 Hanover St

Alfred Haustach M. D.
Medical Attendant.

Address, 528 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18

Board of Health, City of Baltimore,

Permit No. 72901

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1/26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Disease of Natural Causes

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan'y 29. 15. 84

Undertaker, Wilson & Dingee

Place of Business, 62 East St

M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12907 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessey Sutton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 16 *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 54 East st

Cause of Death. First (Primary), Chickenpox

Second (Immediate), Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 29 1884

Undertaker William A. Bruges

Place of Business, 62 East st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12905 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Jane Brunwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty One *Years,* Six — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} 6 Little Pine St

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Pulmonary Tuberculosis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Grants St Cemetery

Date of Burial, Jan 30. 1884

Undertaker, Abr Hemsley

Place of Business,

H C Hartroth, *M. D.,* Medical Attendant.

Address, 320 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Stanton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, W. *Sex,* as above.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 288 Argyle ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis —

Second (Immediate,) Apnoea

Duration of Last Sickness, about 18 months or 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 30th 1884

Undertaker, C.P. Knauer & Son

Place of Business, Address 220 Linden ave

I. K. Page M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 72907 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredricka Lefson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Bevan st

Cause of Death, First, (Primary,) Paralysis of Heart

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan 31st/84

Undertaker, C. F. Krause & Son

Place of Business,

J. W. Nebstuh M. D.,
Medical Attendant.

Address, 57 Bain st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 72908 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Dec. 29, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Geller

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 48 S. Durham St.

Cause of Death. First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 30, 1884

Undertaker Henry Hoech

Place of Business, 309 Central ave *Address*

J. H. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12909 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 146 N. Hugh Ventilation

Cause of Death, First (Primary), Cerebral Effusion (Cause by)

Second (Immediate), asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 30th 1884

Undertaker Jas. McGinnis

Place of Business, 43 Bloxman St

D. Streett M. D.
Medical Attendant.

Address, 143 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

16

Board of Health, City of Baltimore,

Permit No. 72918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 27. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Swim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* ..... *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Porter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 224 Hamburg St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cem

Date of Burial, Jan 30 1884

Undertaker, J S Pott

Place of Business, 15 Commerce

D. H. Scott M.D.,
Medical Attendant.

Address, 97 Centre St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12911 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Meyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Warren Court

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate), Intestinal "

Duration of Last Sickness, Sundays

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 84

Undertaker F. J. Leek

Place of Business, 423 Jefferson

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 72912 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Francis E Hunt~~ Jan 29 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 270 Franklin St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 31/84

Undertaker, J B Cook

Place of Business, 707 W Pratt Balto *Address,* 20 Edmondson Ave

H. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7213 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Schlicker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 10 *Months,* 16 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Liquor dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} No 31 S. Arlington Ave

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, Six Months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan. 31/84

Undertaker J. R. Cook

Place of Business, 707 E. Balto St. *Address,* 92 Jackson Square

Thomas S. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7294 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sommers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 86 Monroe

Cause of Death, First (Primary),

Second (Immediate), Heart & Brights Disease

Duration of Last Sickness, 9 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial January 31/84

D. S. Hoffman M. D.
Medical Attendant.

Undertaker J. H. Cook

Place of Business, 707 West Balto *Address,* 279 corner Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 72915 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin M. Naulty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 59 E. Biddle st.

Cause of Death, First (Primary), Acute bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Waverley Balto Co

Date of Burial, Jan 31st

Undertaker Geo. Schilling

Place of Business,

Geo. A. Norman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Vellé

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* 3 24 Days

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington City DC

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 112 Pearl Street

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Phthysis & Debility

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem. Co.

Date of Burial, Jan. 31.

Undertaker, Walter Fraser

Place of Business, 315 W. Biddle

Geo. G. Brewer M.
Medical Attendant

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 2917 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 24 Hubbard St.

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks.

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 30

Undertaker F. Hall

Place of Business, 82 West St

Robert S. Love M. D.
Medical Attendant.

Address, 333 Lipton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7291 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th Jan. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Denhart Loy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 11 *Days,*

Color, white

~~Married~~, *Single,* ~~Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 825 N. Lombard

Cause of Death, First (Primary) Congestion of Lungs

Second (Immediate) Inanition absolute

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 30 1884

C. C. Smith M. D.
Medical Attendant.

Undertaker John P. Pauley

Place of Business, No. 66 Fredk. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7297 ; *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* / *Months,* 18 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} No 6 Carr St.

Cause of Death, First (Primary), Broncho Pneumonia

Second (Immediate), & Cramp Colic

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mass of Cemetery

Date of Burial, Jan 31 1884

Undertaker P. S. McPhail

Place of Business, 198 S. Howard St.

H. H. Biedler M. D.
Medical Attendant.

Address, 94 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this ...

Board of Health, City of Baltimore.

Permit No. 72 720 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty Years, Eight Months, Seventeen Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and Number.} 34 Columbia Ave.

Cause of Death, First (Primary), Albuminuria

Second (Immediate),

Duration of Last Sickness, One Month had leg ailing for 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 31st 1884

Undertaker Geo. Leimbach

Place of Business, 389 W. Pratt St. *Address,*

Jas. L. Smithcum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7292 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Koch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 215 W. Pratt St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st

Undertaker E. Schloman

Place of Business, 181 S. Sharp St *Address,* 68 Sharp St

Chas F. Heuser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7&922 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina M. Laurent

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Detroit - Michigan

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Jany 31st 1884

Undertaker, John S. Mosher

Place of Business, No 159 Camden

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 12925 *Office of Registrar of Vital Statistics.* **Ward** 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 465, N. Stricker

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 468, N. Stricker

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 12 hours

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 31

Undertaker E. H. Blizzard

Place of Business, 198 W. Pratt

G. W. Sims M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No, 12924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1884 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grace Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 345 Saratoga st -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 345 Saratoga st -

Cause of Death, First (Primary,) Hyperaemia of liver irritation gastric & spinal irritation

Second (Immediate,) Convulsions -

Duration of Last Sickness, Three weeks -

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, Jan 30,

Undertaker, J W Blizzard

Place of Business, 178 Penn

E. A. Holbrook - M. D.
Medical Attendant.

Address 185 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12920 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Eckhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eighteen years.

Place of Death, {Give street and Number.} # 269 Canton Ave.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, Jan. 31th 1884

John H Rebberger M. D.
Medical Attendant.

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann *Address,* 243 Alice Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 32926 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 30th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Pohl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty-one years

Place of Death, {Give street and Number.} # 65 Lancaster St.

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, Feby 1st 1884

Undertaker Wm Nicolaus *John H. Ahlers* M. D.

Medical Attendant.

Place of Business, 258 Alice Anne *Address,* 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7297 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mrs Bridget Hayden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 Years, Months, Days,

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 37 yrs.

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, {Give street and Number.} No. 3 Davis Ct

Cause of Death, First (Primary), Chronic Bronchitis.

Second (Immediate), Acute Pneumonia 2

Duration of Last Sickness (was sick last one week)

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, January 31st 1884

Undertaker Martin Fahey

Place of Business, 126 Townsend St

Allen J. Lockwood M. D.
Medical Attendant

Address, 187 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 12928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orlando F. Bump

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 347 Linden Ave

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feb 1st 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

H. W. Owings *M.D.,*
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72929 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Haas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } 92 S Register St

Cause of Death, First (Primary), Bright disease

Second (Immediate)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Tuesday 31 Jan

F. V. Lucas M. D.
Medical Attendant.

Undertaker H. Hopmann

Place of Business, 63 North Eden *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

19

Permit No. 72930

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Chalk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co —

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 245 N. Mount.

Cause of Death, First, (Primary.) Apoplexy —

Second, (Immediate.) Softening of Brain

Duration of Last Sickness, 7 years —

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park

Date of Burial, Jany 31/84

Undertaker, Thos. S. Hughes —

Place of Business, 238 Madison av.

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem av. Calton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those on the back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72931 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Emerick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 86 S Central av.

Cause of Death, First (Primary), ...

Diphtheria

Second (Immediate), ...

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st

Undertaker Fred Goede

Place of Business, 29 S. Caroline *Address,* 12 S Edw'd

L O Whitwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12,682 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coates

Sex, Male or Female, {Cross out the word not required in this line.}

Age Adult 40 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} 110 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Abdominal Hernia Strangulated

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial Shark's

Date of Burial Jany 31st 1884

Undertaker, Lake & Chase

Place of Business, 196 Main St

Wm. J. Bell M. D., Medical Attendant.

Address 161 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12936 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 6 *Months,* 20 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6st Elbow Lane

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp st Cemetery

Date of Burial, Jan 30th 1884

Undertaker H Ross

Place of Business, 93 Conway *Address,* 158 Race St

Jas D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12934 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Moran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 331 S. Charles st

Cause of Death, First, (Primary,) Cancer of Lower Jaw

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial St Patrick's Cemetery

Date of Burial, Feb. 1 1884

Undertaker, James O'Byrne

Place of Business, No 63 N Front *Address,* 115 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72935 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Mahony

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore, 30

Place of Death, {Give street and Number.} 44 N. Eden St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Abscess Internal

Duration of Last Sickness, 20 months

All the above Information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, February 1st 1884

Undertaker James P Byrne

Place of Business, No 63 Sh Front St *Address,* 137 Calhoun St

D. A. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 12936 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman H Schmale

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two yrs.

Place of Death, {Give street and Number.} 177 Canton Av.

Cause of Death. First (Primary), Pleuro Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Jany 31

Undertaker A Rohde

Place of Business, 48 Penna ave

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 on Back of this Certificate.

Board of Health, City of Baltimore,

19

Permit No. 12987 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Henry Moore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 452 N. Calhoun St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Jan 31/84

Undertaker, J. B. Cook

Place of Business, 109 W. Balto St. *Address,* 431 Penna. Ave

H. H. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem[illegible] low, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12938 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30 January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A. Guenther

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 23 *Months,* 13 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 73 Columbus Ave

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 31 January 1884

Undertaker C. Bartels

Place of Business, 3 N. Frederick St

L. Reinhard, M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2989 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant, and not named, give names of parents.} Henry Golightly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Eleven (11) *Months,* Twenty nine (29) *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 95 E. Pratt Street

Cause of Death. First (Primary), Capillary Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, Twenty nine (29) Days

the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Jan. 31, 1884.

Undertaker Wm. H. Hickman

Place of Business 234 N. Gay St. *Address,*

D. A. Stone M. D.
Medical Attendant.

Dr. Gay & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 12945 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 236 Gough St.

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Feb. 1st 94

Undertaker G. Evans

Place of Business, Bank & Wolfe *Address,* 207 S. Broadway

Nicholas L. Dashiell, Sr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7292 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Elizabeth Jackson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 14 *Days,*

Color, White

~~Married~~, *Single,* ~~Widowed~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 553 W. Fayette St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 567 W. Fayette St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 31st 1884

Undertakers Denny & Mitchell

Place of Business, 550 W Fayette st

D. P. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72942 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustave Schuman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, abt 42 Yrs

Place of Death, { Give street and Number. } 97 S Spring St

Cause of Death, First (Primary), Old age Exhaustion

Second (Immediate),

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 31st

Chas M. Noble M. D.
Undertaker Medical Attendant, Coroner's

Place of Business, 35 Bank St *Address,* 67 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72943 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th "84. 1 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nicholas Lingner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany - 32 yrs Amr-

Duration of Residence in the City of Baltimore, 32 Years-

Place of Death, { Give street and Number. } St- Josephs Hospitab

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Feb. 1st /84

Undertaker H. Schultheiss

Place of Business, Monument St.

Joseph S. White M. D.
Medical Attendant.

Address, St. Josephs Hospitab

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

6

Board of Health, City of Baltimore,

Permit No. 72944

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Reichenbeiter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 7 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} Mulberry E. 194.

Cause of Death, First, (Primary.) Measels

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 31 84

Undertaker, H Diffel

Place of Business, 151 S Bond st *Address,*

C. H. Pike *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

Permit No. 72945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Sneed.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 21 *Months,* 11 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 706 Saratoga St

Cause of Death, First, (Primary.) Tubercular Meningitis.

Second, (Immediate,) Paralysis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Jan 31 1884

Undertaker, William N Lange

Place of Business, No 62 East St

J. J. Kane M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72946 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Meyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} N 277 Lanvale st

Cause of Death, First, (Primary,) old age.

Second, (Immediate,) cerebral apoplexia.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 1st 1884

Undertaker, F Lewis Schaefer

Place of Business, 109 W Lemmon *Address,* 169 N. Charles St

Henry Salzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12947 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich C Seib

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Foot of McKeldins Wharf

Cause of Death, First (Primary),

Second (Immediate) Fracture of the Skull

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Feb 1st

Undertaker Fred Pardo

Place of Business, 298 Canton *Address,*

H G Cornelius M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72 944 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Harbaugh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Whetcroft near Poe Shuman

Cause of Death, First (Primary),

Second (Immediate). Measles

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. O

Date of Burial, Jan 29

Undertaker E Merdinger

Place of Business,

Ed F. Jones M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7024 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 141 Iceland St

Cause of Death. First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pr C

Date of Burial, Jan 31

Undertaker S. Kendrick

Place of Business,

Geo. W. Jones M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 12938 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John P. Leckter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 20 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 119 Columbia Ave.

Cause of Death, First (Primary), Brain Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 2th

Undertaker Ch. Bartell

Place of Business, 3 N. Fredrick St. *Address,* 298 W. Lombard St.

H. H. Webner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72961 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Strohmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 06 *Years,* 8 *Months,* 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 8 years

Place of Death, {Give street and Number.} 377 N. Broadway

Cause of Death, First (Primary), Intestinal Atony

Second (Immediate), Marasmus

Duration of Last Sickness, Five (6) months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2nd

Undertaker Geo. Schilling

Place of Business, 50 East Fairmount Ave

E. W. Soldrer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 72962 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva C. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 mo 1 day

Place of Death, {Give street and Number.} 44 Jackson St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 1st

Undertaker, Henry McInnis

Place of Business, 12 & 14 Central Av *Address,*

J. E. Bosse, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7293 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dowd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation xxx

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 148 Bond St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, February 2d 1884

Date of Burial, Holy Cross Cemetery

Undertaker Henry McG. Dennis

Place of Business, 47 W. Lexington St *Address,* 299 E. Balt St

James E. Denmille M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Sec. 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and circumstances of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72962 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb. 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Dank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* —— *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, * 1733 N. Gay st. X 2 months

Place of Death, {Give street and Number.}

Cause of Death. First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3. 1884 10 a.m.

Undertaker John W Jackson

Place of Business, Gay & Gardner

Geo. A. Hartman M. D.
Medical Attendant.

Address, * 305 - St Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2965 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa J. Elliott Rolnick

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, living a few minutes *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and Number.} NW Cor Green & Fremont

Cause of Death, First (Primary), the protracted labor

Second (Immediate), asthenia

Duration of Last Sickness, X

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Feb 1

Undertaker Elliott Rolnick

Place of Business,

A Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12956 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dale Hiebel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 272 S Broadway

Cause of Death, First (Primary), Convulsions, Pneumonia Acute

Second (Immediate) Asphyxia

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Feb. 1st 1884

A Frothingham M. D.
Medical Attendant.

Undertaker H. Sanders & Son

Place of Business, 252 Canton ave *Address,* 882 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 15937 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jany 31 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 22 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 767 Front St.

Cause of Death. First (Primary), Diphtheria & Exhaustion

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 1st 1884

Undertaker Chas P Byrne

Place of Business, 63 Front st

H. Lewis M. D.
Medical Attendant.

Address, 757 Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72958 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Lutz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 825 N Lombard

Cause of Death, First (Primary), "Diphtheria"

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, February 2d

Undertaker John P Pauline

Place of Business, No 66 E Lexington Ave *Address,*

J. G. Lutheran M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 72759 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31st January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 York st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Feb 1st 1884

Undertaker, C.P. Krause & Son

Place of Business,

H. N. Webster M. D.,
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2960 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE

Date of Death, Jany 30th 84 Cassie mother

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Cassie Mother~~ Leary Infant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* nine *Days,*

Color, Colored

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 44 Hampstead Street

Cause of Death, First (Primary), ~~Paralysis~~ Inability to receive nourishment

Second (Immediate). Inanition & Prostration)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Feb 1st 84

Undertaker J. G. Locke

Place of Business, 73 Gilmor St

T. J. Simms M. D.

Medical Attendant.

Office 242 N. B. Way

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the remarks below. [illegible] of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Jane Bond

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 27 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 195 E. Bethel Maria near

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 2, 1884

Undertaker, J. F. Locks

Place of Business, 73 Jefferson st

Wm H Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER]

M. J. COUGHLAN & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12962 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr'y 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Bepperling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 89 Albemarle st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetary

Date of Burial, 3rd February 1884

Undertaker Leonhard Kurr

Place of Business, 223 S. Bond St. *Address,* 12 S Eden

L D Wheeler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Sodden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Hanover St

Cause of Death, {First (Primary,) —

{Second (Immediate,) Measles

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Feb 3d

Undertaker, Thomas Hyman

Place of Business, 86 Saratoga st

Thos. F. Worrel M.D.
Medical Attendant.

Address 129 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72964 ; *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Whidby

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and Number.} 379 McAfee ave

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 3rd

Undertaker Jos B. Cook

Place of Business, 707 W. Balto St

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72965 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 12 BALTIMORE.

Date of Death, January 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Edward Kearney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S.W. Corner Gilmor & Fayette St.

Cause of death, First, (Primary,) Pneumonia - following measles

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 days - (measles 10 days)

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, Feb 2nd 1884

Undertaker, Jas F Byrne

Place of Business, 57 N Liberty St

Robt W Griffin M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31 – 5.30 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Burkeman.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 9 – *Months,* *Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 22 Hull St.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 22 Hull St.

Cause of Death, First, (Primary,) Congestion of Brain.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Feb 2nd

Undertaker, G Evans

Place of Business, Jones & Holt

L R. Coates M. D.
Medical Attendant.

Address, 110 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72967 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henson Tyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cigar Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 17 Years.

Place of Death, {Give street and Number.} 232 Vine Street

Cause of Death, First (Primary),

Second (Immediate) Scrofula

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp at Cemetery

Date of Burial, Feb 1 1884

Undertaker [illegible]

Place of Business,

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balts. Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72968 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wiley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, {Give street and Number.} 159 Vine Street

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1884

Undertaker A. J. Hemsley

Place of Business,

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72969 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah L. Drannon

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County, Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and Number. } 82 S. Sticker

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Feb. 3/84

Undertaker J. B. Cook

Place of Business, 907 W. Balto St *Address,*

G. G. Luttrein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 12970

Board of Health, City of Baltimore,

Permit No. 12970 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Flynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, (Years, Months, Days,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 336 W. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Diarrhea

Duration of Last Sickness, Three (3) days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 2d 1884

Undertaker James D Byrne

Place of Business, No 63 N Frank

H L Sies M. D.
Medical Attendant.

Address, 357 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit for Burial to the Office [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hebulia McKeown

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 16 yrs

Place of Death, {Give street and number} 14 Woodyear Alley

Cause of Death {First, (Primary,) Pul. Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, About 5 or 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 2nd 1884

Frank J. Flannery M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Green St *Address,* Cor Wilkens & Davis Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72972 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses L Merrill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bricklayer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 93 N Charles St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, two years

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 3rd

Undertaker, Jos B Cook

Place of Business, 707 N. Balto

Hutton M. D., Medical Attendant.

Address, 73 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72973 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 30 — 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm N Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Little McElderry Pk

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 28 Douglass Pk

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,)

Duration of Last Sickness, several weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 2 84

Undertaker, J. E. Forks

Place of Business, 73 Jefferson

D V Mayer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72977 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany. 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulie Gaskay

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 135 Hill St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) "

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 2 1884

Undertaker, J H Ross

Place of Business, 95 Conway

C. D. Smith M. D.,
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72 876 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Burns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Mary's Orphan Asylum Central Ave

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) of Lungs

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Pt. Lawrence Va

Date of Burial, Feb 4 1884

Undertaker, Henry Stoeckert

Place of Business, 308 N Eutaw

John D. Monroe M. D., Medical Attendant.

Address, S.W. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 80 72976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Washington

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 14 Little Pine St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanks Ch

Date of Burial, Feb 2

Undertaker, Ernst & Denny

Place of Business,

D. Yingling, *M.D.,*
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12977 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schaefer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* 14 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Hous - work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 414 N. Eutaw

Cause of Death, First (Primary), Apoplexy cerebri

Second (Immediate), Oedema Pulmonum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Meathour

Date of Burial, Feb 3 d

Undertaker W. Duffield

Place of Business, 19 Eutaw

J. Hobbs M. D.
Medical Attendant.

Address, 414 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 12978 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Power

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 59 Williams st

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, February 3rd 1884

Undertaker W. A. Daiger

Place of Business, 74 S. Broadway *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

19 **Board of Health, City of Baltimore,**

Permit No. 72979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Meta J. Grady

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, twenty seven *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} 3 N. Mount st., Balto. Md.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial London Park Cem'y

Date of Burial, Feby 3-84

Wm McKeown M.D.
Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 536 W Fayette St.

Address Arlington & Harlem Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Towson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 641 W Lexington St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, about 6 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 4th 1884

Undertaker, D Eadly and Mitchell

Place of Business, 530 W Fayette St

Robt K Kneass M. D.

Medical Attendant.

Address, 564 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72984 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Brock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 89 Wagoner alley

Cause of Death, First (Primary), ...

Second (Immediate), Epilepsy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 2

Undertaker Miller Hurley

Place of Business, ...

Wm. F. Dunn M. D.

~~Medical Attendant.~~ Phy of Health

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifica

Board of Health, City of Baltimore.

Permit No. 72982 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 84 - 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly if an infant not named, give names of parents.} Richard Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Meningitis

Second (Immediate), Compression by Effusion -

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetery

Date of Burial, Feb 2 nd 84

Undertaker J J Locke

Place of Business, #73 Jefferson

Jos H White M. D.
Medical Attendant.

Address, St Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72983 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Berry

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 26 Hanover

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate), Pneumonia (hypostatic)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 3 1884

Undertaker T J Lorkin

Place of Business, 473 Jefferson

L. G. Caswell Jr M. D.
Medical Attendant.

Address, Balto & Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 12504

Board of Health, City of Baltimore,

Permit No. 12987 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

Date of Death, Feb. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum

Cause of Death, First (Primary). Marasmus.

Second (Immediate). Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 2/84

Undertaker Frank McVeagh

Place of Business, Firsin & Forward

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 72986 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH FEB 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Feb. 2/84.

Undertaker Frank McVeagh.

Place of Business, Dixon & Hamm. *Address,* Harlem av. Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12986 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 252 Raborn 31 Jan 31 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Johnstone

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* three *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 252 n Raborn

Cause of Death, First (Primary), Catarrh ass decubitus to Marasmus

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Feb 2 1884

Undertaker Wilhelm & Dunger

Place of Business, 1062 East St

Thos R Quinan M. D.
Medical Attendant.

Address, 11 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1298

Board of Health, City of Baltimore,

Permit No. 12987

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richardson, Hagen

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, 90 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and Number.} 21 Lewis St

Cause of Death, First (Primary), Old age + Paralysis

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 3

Undertaker R. T. Dugee

Place of Business,

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Edmondson & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12988 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marshal Dorsey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Martinsburg W Va

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and Number. } No 386 Myrtle ave

Cause of Death, First (Primary), Wound of the finger

Second (Immediate), Pyemia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Feb 3 1884

R J Hall M. D.

Medical Attendant.

Undertaker G W Elgin

Place of Business, 198 Pine ave *Address,* No 54 Eutaw St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 72989 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Fuller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth} City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 362 E. Balto. St.

Cause of Death. First (Primary), Paralysis

Second (Immediate), "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 4th 1884

E. L. Lons *M. D.*
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 Broadway *Address,* 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 1770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72990 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 425 Howard R

Cause of Death, First, (Primary,) Exhaustion Co Cold

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feby 3rd 1884

Undertaker, Chas. J. Scriven

Place of Business, 271 N Eutaw St

Jas. A. Gillis M. D.,
Medical Attendant.

Address, 152 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE. No.

12

Board of Health, City of Baltimore,

Permit No. 12991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Virginia Noland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Head of a family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Berkley Co. W. Va.

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Cancer of the Uterus

Second (Immediate,) Septicemia

Duration of Last Sickness, About 9 months

All the above Information should be furnished by the Physician.

Place of Burial, Windsor Va

Date of Burial,

Undertaker, Jas D Byrne

Place of Business, 63 Front *Address* 1146 Fort Ave

H. H. Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Un... issued, Saturday ... week

No. 1299 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12992 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 167½ Pierce

Cause of Death, First (Primary), ...

Second (Immediate), Croup.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Feb 1

Undertaker F Kerdeman

Place of Business, ...

Geo. H. Lawson M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 12993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 12993 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. E. Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annarundel Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 19 Edmonson Av

Cause of Death, First (Primary),

Second (Immediate), Disease of Spinal Cord

Lunal Arthritis

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 3d 1884

F. J. Miles M. D.
Medical Attendant.

Undertaker Wm Weaver

Place of Business, No 202 N Gutaw Address, 29 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the C[illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE

Permit No. 72994 *Office of Registrar of Vital Statistics.* **Ward** 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Gritzmaier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 69 Lancaster

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 3rd

Undertaker Fred Gaede

Place of Business, 29 E. Baltimore *Address,* 2143 Aisquith St.

John H. Kellogg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... Permits for Burials, to the Office where ... the Books Below, on ... day of each week. ... List of Di... on Lack of this Certificate.

Board of Health, City of Baltimore.

Permit No. 72995

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Berry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 148 Lexington st

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) 2 weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, Feb 3 1884

Undertaker, William Dunger

Place of Business, 162 East st

J. E. Conrad M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72996

Office of Registrar of Vital Statistics. 18

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Retta Bush

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 53 Arch St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Feb 3 1884

Undertaker, William N Dorsey

Place of Business, No 62 East St

H. St. Goodman M.D.,
Medical Attendant.

Address, 18 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1244

Board of Health, City of Baltimore.

Permit No. 72994 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } P. Barry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Bowen St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia - Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 3rd 1884

Undertaker James McGinni

Place of Business 183 Bowman St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials to the Office whence issued.

No. 12998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 3 1884

Permit No. 12998 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb Ritter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 494 W. Washington St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 494 W. Washington St.

Cause of Death, First (Primary), Retention of Urine,

Second (Immediate) Uraemia

Duration of Last Sickness, Twenty Four Hours.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb. 3/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* Belair Avenue

J. T. Mantush M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12777

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 92799 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ahern

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 55 S Monroe

Cause of Death, First (Primary),

Second (Immediate). Old Age

Duration of Last Sickness, 2 yrs

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 5/892

Undertaker J B Work

Place of Business, 71 W Balto

Geo. H. Preston M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office where issued, Saturday of each week. No. 2608

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73000 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel A Klein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 35 N. Streiver St

Cause of Death, First, (Primary,) Complicated Measles

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial Loudoun Park

Date of Burial. Feby 4th 1884

Undertaker, Denny Rud Mitchell

Place of Business, 550 W Fayette St

Coroner

L Ad Wellman M. D.,

Medical Attendant.

Address, 120 E Pearl St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. M3001 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Forty.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, Colored.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and Number. } 35 Wicklow st.

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

~~Second, (Immediate.)~~

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 4th 1884

Undertaker, Samuel W. Carr

Place of Business, 198 Pratt

J. E. McShane M. D.

Medical Attendant.

Address, 7 S. Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73002 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

Date of Death, Feb. 2d, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie C Bull

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} #10 Hanover Lane

Cause of Death, First, (Primary,) Measles

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 4

Undertaker, Jos B Cook

Place of Business,

Truman T Hill M. D.,
Medical Attendant.

Address, 11 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permits for Burials, to be

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73003 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

Date of Death, Feb. 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geary Melvin Paul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Jackson St

Cause of Death. First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Louden Park

Date of Burial, Feb 4th

Undertaker Geo Schilling

Place of Business,

J J Gaston M. D.
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73004 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

Date of Death, Feb 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 2 Booth St

Cause of Death, First (Primary), ...

Second (Immediate), ~~Hives~~ Stomatitis

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 4

Undertaker Wm R Dungee

Place of Business, ...

Chas F. Stinson M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Elizabeth Robinson

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 120 Jasper St.

Cause of Death { First, (Primary,) Childbirth.
Second, (Immediate,) Shock.

Duration of last Sickness, In labor ~~3 days~~ three days (Adherent placenta.)

All the above information should be furnished by the Physician.

Place of Burial Loyola Cemetery

Date of Burial, Feby 5th 1884

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

George A. Rohé M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7300 6 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

Date of Death, Feb 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Coyle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* 6 *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Atlantic Co

Duration of Residence in the City of Baltimore, 23 years 9 months

Place of Death, {Give street and Number.} 119 Wash

Cause of Death, First (Primary),

Second (Immediate), Metritis & Peritonitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Eden Hill

Date of Burial, Feb 6

Undertaker A B Earle

Place of Business,

Theodore Cook M. D.
Medical Attendant.

Address, 426 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible] of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7300 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

Date of Death, Feby 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Hines

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Six years

Place of Death, {Give street and Number.} No 10 Maryland Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feby 5th 1884

Wm Whitridge M. D.
Medical Attendant.

Undertaker Charles T Scriven

Place of Business, 271 Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73008 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathilder F. Spiegel

~~Sex, Male~~ *or Female,* { Cross out the word not required in this line. }

Age, — *Years,* 16 *Months,* — *Days,*

Color, white

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. 5th Camden St

Cause of Death, First, (Primary,) Incumbrous Croup

Second, (Immediate,) the same

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feby 4th.

Undertaker, E. F. Hall

Place of Business, 5 Hanover St.

Allen Salmon M. D.
Medical Attendant.

Address, 169 N. Arden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 73059 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Frank

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Junk Business

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 105 Orleans St.

Cause of Death, First (Primary), Heart disease

Second (Immediate). Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Fell Point

Date of Burial, Feb 5th

A. R. Elwood M. D.
Medical Attendant.

Undertaker H. Hoffman

Place of Business, Fell Point *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73010 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thurs 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ..... *Months,* ..... *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Brickmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liberty

Duration of Residence in the City of Baltimore, All B.

Place of Death, {Give street and Number.} 406 Wash St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 4 1884

Undertaker H Parr

Place of Business, 95 Conway

Geo L Black M. D.
Medical Attendant.

Address, 158 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7301 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2. 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Tolman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 8 E Dover St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 4 1884

Undertaker H Pass

Place of Business 95 Gorman

W E Ramsay M. D.
Medical Attendant,

Address, 24 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Certificate of Death #3012

#3012

Date of Death July 4th 1884

Name of Deceased Edgar Jacob Smith

Sex Male ~~Female~~

Age 2 Yrs 2 Mos

Color White

Occupation

Birth place Balto. Md

Duration of Residence in B.Co All his life

Place of Death 335 Park Ave

Cause of Death { First (Primary) Malignant Scarlet Fever
Second (Immediate) Diphtheria

Duration of last Sickness 3 days

Physician's Name Thomas Shearer

" Address N. 97 S. Charles St

Given MT

H. W. Jenkins M.D.

Clerk

HEALTH DEPARTMENT
FEB
4
1884
BALTIMORE

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73013 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mc Faddon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 4 1884

Undertaker C F. Krause

Place of Business, 209 Fawn *Address,* City Hospital

R. B. Watkins *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 3 February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Knight

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N.E. cor Bank & Exeter

Cause of Death { First, (Primary,) Croup. / Second, (Immediate,) Apnoea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5

Undertaker, C. Bymes

Place of Business, Gay St

Jno. P. Bates M. D.
Medical Attendant.

Address, N.E. Exeter & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY AND CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73015 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joanna Moloch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} 10 Conway St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb. 6th 84

Undertaker, Chas. H. Chase

Place of Business, 98 Howard

W. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 7366 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

Date of Death, 3rd January 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Foster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years.* ..... *Months.* 33 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 149 Hill St.

Cause of Death. First (Primary), Asthenic-bronchitis

Second (Immediate) Convulsions

Duration of Last Sickness. 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 4 1884

Undertaker S H Chase

Place of Business 198 E Howard St *Address,* 146 Hill St.

L. D. Giles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13017 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 8 *Months,* 2 *Days,*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westminster Carroll Co

Duration of Residence in the City of Baltimore 20 years

Place of Death, {Give street and Number.} No 81 Harmony Lane

Cause of Death, First (Primary), Disease of the Heart

Second (Immediate) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 5th 1884

Undertaker Samuel W Shaw

Place of Business, 19 E Howard st

Benj F Bohrer M. D.
Medical Attendant.

Address, Cor of Druid Hill & Baltimore sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. B018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Y. Kidd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unmarried

Occupation, Journal Clerk House of Delegates

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 96 N. Paca St

Cause of Death, First, (Primary,) Acute Rheumatism &c

Second, (Immediate,) Nervous Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Notingham Cecil Co

Date of Burial, Sunday 5th Feb

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

Wm. T. Jones M. D.
Medical Attendant.

Address, 96 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7309 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

Date of Death, Feby 3d 1884 9 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Calahan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland — 2 Yrs in America

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Years —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 4 Th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

J. H. White — M. D.
Medical Attendant.

Address, St Josefs Hosp —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73020 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

Date of Death, February 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Fannie Wahl

Age, *Years,* 17 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 87 N. Bond St.

Cause of Death, First (Primary),

Second (Immediate) Congestion of Lungs

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetri

Date of Burial, Feb 5 1884

Undertaker John Hennig

Place of Business, 982 Orleans St *Address,* 207 S. Broadway

Nicholas L. Dashiell, Sr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7302 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Died Feb 4th '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. C. Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 9 *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 31 Parkin St.

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, Ten (10) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th 1884

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 387 N Gay St

C. L. Schreiner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78022 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jany 31st 1884

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Lulu A. Laure

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} N. E. Cor. of Norford & Madison

Cause of Death. First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th 1884

Undertaker Henry W. Mears

Place of Business, 46 N. Gay St

Geo. A. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76823 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly G. Dennine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Five *Years,* ——— *Months,* ——— *Days,*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} No. 13 State St.

Cause of Death, First (Primary), Measels

Second (Immediate), Bronchitis

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 4 - 1884

Undertaker W W Madden

Place of Business, 41 Eastern Av

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73524 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 Feb 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Robb

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1126 Fork Ave

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness .....

the above information should be furnished by the Physician.

Place of Burial, Mt D

Date of Burial, Feb 7

Undertaker E Kershner

Place of Business, ...

Geo. H. Bunn M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73025 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hoover

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 8 *Months,* — *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation Leady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 113 Columbia Ave

Cause of Death, First (Primary), Tic Doloureux

Second (Immediate), Exhaustion

Duration of Last Sickness, many Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 5th 1884

Undertaker John S. Mache

Place of Business, No 150 Camden

J H Elmer M. D.
Medical Attendant.

Address, 26 Lloyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Tic Douloureux

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore.

Permit No. 73026 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2d, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate B. Jones

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 63 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bermuda

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} 142 Harlem Ave.

Cause of Death, First (Primary), Uterine Fibroids

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 years

All the above Info matter should be furnished by the Physician.

Place of Burial, Pikesville Balto Co.

Date of Burial, Feby 5th 84

Undertaker STEWART & POWELL EXPRESS 55 Park Ave.

Place of Business, 55 Park Ave.

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73527 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Boyer Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charlestown md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Oxford St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Chasterlown Md

Date of Burial, Feb 5 1884

Undertaker, Alf Hensley

Place of Business 116 Orchard St

J E Atkinson M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Rules on Reverse Side of Permit and Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 3d 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret D. Bargus

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 85 *Years,* ____ *Months,* ____ *Days.*

Color, white

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. } widow

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 65 Franklin Street

Cause of Death, { First, (Primary,) Old Age
Second, (Immediate,) Debility & Congestion of Lungs.

Duration of last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Feby 5th 1884

J. R. Ahler M. D.
Medical Attendant.

Undertaker, D Ewing Mitchell

Place of Business, 530 W Fayette St. *Address,* 234 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73029 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 4/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerome Durkam

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 1 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~, Single, ~~Widow or Widower~~,

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 So. Dann St.

Cause of Death, First (Primary), Dipthoria – Dipthoritic Croup.

Second (Immediate), Sprue

Duration of Last Sickness, Six days

All the above info matters should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 5/85

Undertaker Young & Mitchell

Place of Business, 65 S Broadway

G. L. Winslow M. D.
Medical Attendant.

Address, 710 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 73030 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia C. Mangoed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} by fauces at

Cause of Death, First (Primary), Typhoid

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 5th 1884

Undertaker Philipp S. Will

Place of Business, 183 Columbia Av.

Jno. H. Smith M. D.
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta... , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...nd condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 73031 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Gingel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 74 *Years,* 6 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 9 N Front

Cause of Death, First (Primary), Retention of urine

Second (Immediate), Peritonitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Johansus Cem

Date of Burial, Feb 5th 84

Undertaker Germanus Franc

Place of Business, Dank & Wolfe *Address,*

A R Thorel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73052 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Cromwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 1408 Eastern Ave

Cause of Death. First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 5th 1884

Undertaker G. Frana

Place of Business, Bank & Wolfe Sts *Address,*

H. D. Hagan, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians [illegible]

Board of Health, City of Baltimore.

Permit No. 730 33 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Burns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Bookfolder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Edinburgh, Scotland

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 50 Parkin Street Baltimore

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 5th 1884

Undertaker Jos B Cook

Place of Business, No 707 W Baltimore St

A. K Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73834 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fred. Kase

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 10 *Months,* 7 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~_____~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 227 Hollins St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb. 5th 84

Undertaker J. B. Cook

Place of Business, 207 W. Balto. St *Address,*

J. G. Kuhlemann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73035 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3 = 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M Kirby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months.* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md =

Duration of Residence in the City of Baltimore All her life

Place of Death, {Give street and Number.} Church Home Infirmary Broadway

Cause of Death. First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 5th 1884

Undertaker M. A. Daiger

Place of Business, 74 S. Broadway *Address,* Church Home Infirmary Broadway

D. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73036 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Stiebel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt'—ct.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 62 Penn. Ave.

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Pericarditis

Duration of Last Sickness, 18 months

All the above information should be furnished by the family.

Place of Burial, ~~Baltimore~~ Greenly

Date of Burial, February 5 1884

Undertaker Wm Eblen

Place of Business, 101 Gough St

H. Tuck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

11

Permit No. 73037

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Grocery Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 130 N. Eutaw St.

Cause of Death, First, (Primary.) Nephritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th 1884

Undertaker, Wm. H. Weaver

Place of Business, No 202 N. Eutaw St *Address,* 77 Lewis St

J. H. Scuff M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7308 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 4" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 319 Fort av

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 36 hours

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 6/84

{*Undertaker* B. Hale

Place of Business, Office do

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th Feb. 1884 at 6 o'clock a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Devine

Sex, Male or ~~Female~~, { cross out the word not required in this line. } male

Age, 56 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, { Give street and number } 165 Dover Street

Cause of Death { First, (Primary,) Bronchitis

Second, (Immediate,) 8 Months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 5th 1884

Undertaker, John S. Thacher

Place of Business, No 150 Lombard

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 13048 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Fisher

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 74 *Years,* 11 *Months,* 4 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Drayman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 10 Chappell St.

Cause of Death, First, (Primary,) Acute Gastritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, Feb 6

Undertaker, A. Rohde

Place of Business, 48 Penna ave.

I. V. Rickert M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 13871 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 4/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Flynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 8 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 536 W. Pratt

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, Three (3) days.

the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 5 1884

Undertaker James P Byrne

Place of Business, No 63 N Front St

A L Lytle M. D.
Medical Attendant.

Address, 387 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 12 / 13042

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Taylor

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 46 Bloome St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 5th

{ *Undertaker,* E. A. Blaggard
{ *Place of Business,* 198 Pennsylvania Ave

H. W. Owings

Medical Attendant. *M.D.,*

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 730443 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

Date of Death, February 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Covington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 5 Dukes Ct.

Cause of death, First, (Primary,) Pneumonia (Scrofulosis)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 5th

Undertaker, G H Blizzard

Place of Business, 198 Pennsylvania Ave *Address,* 188 Saratoga st

R W Mumma M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73644 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Ernst.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 48 Baute St,

Cause of Death, First (Primary),

Second (Immediate), Diphtheria.

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 5th

Undertaker W Lippel

Place of Business,

A. H. Erich M. D.
Medical Attendant.

Address, 45 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78044 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1884 Wednesday

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Elizabeth Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Balto Co. Lunatic Asylum

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 5th

Undertaker, W. Leipold

Place of Business,

John L. Simmons M. D.,
Medical Attendant.

Address, Balto Co. Lunatic Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73046 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella F Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 542 Cross St

Cause of Death,
First (Primary), Diptheria
Second (Immediate), Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 5th 1884

Undertaker Henry W. Mears

Place of Business, 45 N Gay St

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7386 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Backemeier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 329 N Calvert St

Cause of Death, First (Primary), Erysipelas of face & head

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feby 6th 1884

Undertaker John H. McCoy

Place of Business, 22 W. Fayette St *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7364 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 765 Washington Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feby 6th 1884

Undertaker Denny & Mulahey

Place of Business, 65 S Broadway *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 73648 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Olga E. Houston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Errand Boy

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and Number. } 224 E. Madison St.

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bellair Harford Co.

Date of Burial, Feb 6. 1884

Undertaker John W Jackson

Place of Business, Hoy & Cardwell

C. J. Ingle *M. D.*
Medical Attendant.

Address, 127 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3131 Hurst

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 73662 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno B Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 6 *Months,* 11 *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 199 S Howard St

Cause of Death, First (Primary), Necrosis of Tibia & Rheumatism

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Feby [illegible] 1884

Edward Lotz M. D.
Medical Attendant.

Undertaker W W Jenkins

Place of Business, Park Lane *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 73057 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mason

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* 8 *Days,*

Color col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 52 years

Place of Death. {Give street and Number.} 10 & inp Alley

Cause of Death, First (Primary),

Second (Immediate), Brights Disease

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 5th 1884

Undertaker J J Locks

Place of Business, #73 Jefferson St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 73062 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Reynolds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13

Place of Death, {Give street and Number.} 46 Forest St

Cause of Death, First (Primary), Died from the effect of

Second (Immediate), Burns received by her dress catching fire

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Comely

Date of Burial, Feb 3-84/1884

Undertaker J J Locke

Place of Business, #18 Jefferson St

H. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 73053 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Asnevine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and Number.} 18 N Castle St.

Cause of Death, First (Primary), Ascites

Second (Immediate),

Duration of Last Sickness, 8 Months

the above information should be furnished by the Physician.

Place of Burial, Mt Jerome Cemetery

Date of Burial, Feb 6th 1884

Undertaker Andrew Kahl

Place of Business, 24 E Lombard *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 73062 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Anapfmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 3 Years

Place of Death, {Give street and Number.} Hospital Mullins Wharf Canton

Cause of Death. First (Primary), accidentally Drowned

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, Feb 7th 84

Undertaker G. Frank

Place of Business, Ryan & Wolfe

Chas. H. Moffit M. D.

Coroner's Assistant.

Address, 67 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 73055 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Roth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 3 Years

Place of Death, {Give street and Number.} off Millers Wharf Canton

Cause of Death, First (Primary), accidentally Drowned

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Feb 7 1884

Undertaker G. France

Place of Business,

Chas. Morfit M. D.
Coroner & ~~Medical Attendant.~~

Address, 67 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 73056 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ... Haselbeck

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 1 2 *Years,* ... *Months,* ... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation ...

Birthplace, { State or country and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ... 30

Cause of Death, { First (Primary), ... Second (Immediate), ...

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 6th 84

Undertaker G. Frank

Place of Business, Bonk & Walk

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7365 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S. Baker

Sex, Male or Female, {Cross out the word not required in this line.} 1

Age, ... *Years,* 3 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 522 C ou (nut

Cause of Death, First (Primary), C of Bronchitis

Second (Immediate).

Duration of Last Sickness, 36 Hours

the above information should be furnished by the Physician.

Place of Burial, Ft McHenrons Cem

Date of Burial, Feb 6th 84

Undertaker G. Frances

Place of Business, Banks & Miller

E. Williams M. D.
Medical Attendant.

Address, 53 Eldest St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back c...

Board of Health, City of Baltimore.

Permit No. 3068 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hamer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} High st Court

Cause of Death. First (Primary), ...

Second (Immediate). Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Feb 4 1884

Undertaker Williams & Dorsey

Place of Business, No 62 East st

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 3807 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 332 Vine st

Cause of Death, First (Primary),

Second (Immediate), Consumption of lungs

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5 1884

Undertaker William Mongue

Place of Business, 62 East St

Frank Hunt M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 73062 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Matthews

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, col

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 336 Raborg St

Cause of Death, First, (Primary,) Scrofula.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Sickly all its lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5 1884

John Neff M. D.,
Medical Attendant.

Undertaker, Wellmont Bourgeois

Place of Business, No 62 East St *Address,* 206 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 73061 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurenzo Inikes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Black.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and Number.} 20 Union St.

Cause of Death, First (Primary), Nephritis [acute]

Second (Immediate), Uraemia

Duration of Last Sickness, About four weeks

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Febry 7 1884

Undertaker Abf Hemsley

Place of Business,

Geo. C. Shannon M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7386 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Isabella Bowie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 10 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 4 S Caroline St

Cause of Death, First (Primary), Diphtheria & Croup

Second (Immediate), Oedema Pneumonia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 6th of Feb. 1884 A Lispenard Shekell M. D.

Medical Attendant.

Undertaker Henry McE. Gimes

Place of Business, 11 & 11 Central Ave *Address,* 88 E Baltd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 73063 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as ... filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color. White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} M

Occupation Midwife

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

~~*Duration of*~~ *Residence in* ~~*the City of Baltimore.*~~ Anne Arundel Co. 6 Years

Place of Death, {Give street and Number.} No 192 N. Eden St

Cause of Death, First (Primary), Carcinoma of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 6th

Undertaker Geo. Schilling

Place of Business,

C. L. Johnson M. D.
Medical Attendant.

Address, Marley P.O. Anne Arundel Co. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73067 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1884

Date of Death, Febr. 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Rheinhardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 206 Henrietta St

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 3 years

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Febr 7th 1884

Undertaker Julius Kochler

Place of Business Sharp & Cross *Address,* 170 S. Sharp St

Wm Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 13865 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

Date of Death, Feby 4 / 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Ludwig

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 374 Wash St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Febr 7th 1884

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 108 Green St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73066 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th of Feb 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Curley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 0 *Months,* 0 *Days,*

Color, white

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Engine Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 9 Cambridge st

Cause of Death, First, (Primary,) Pulmonary waste

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 6 1884 L. H. Heldman *M. D.,*

Medical Attendant.

Undertaker C. F. Krause & Son

Place of Business 209 Hanover *Address,* 120 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 73067 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bayard Pope

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 241 W. Cullen St —

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and Number.} 241 W. Cullen St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial, Feby 6th 1884 Chas. D. Riley M. D.,

Medical Attendant.

Undertaker, Ebbert & Mitchell

Place of Business, 550 W Fayette *Address,* 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernhard N. Bittel,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 2 *Months,* *Days.*

Color, W *Sex,* M

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life,

Place of Death, { Give street and number. } 380 W. Fayette st

Cause of Death, { First (Primary,) Scarlatinal Nephritis, / Second (Immediate,) Hydropericardium,

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Feby 6th 1884

J. F. Ingle M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st Address 247 Lemmon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 73669 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 6th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry J. Rigby

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days,*

Color, White

~~Married,~~ ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 272 N. Broadway

Cause of Death. First (Primary), Fistula in Ano

Second (Immediate), General Debility

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Bals Cem

Date of Burial, 7 Feb 1884

Undertaker Wm. H. Knight

Place of Business, 106 E Balto *Address,* 60 Hanover

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 13070 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eldeu Lockwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 5 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1416 McCulloughs

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon-Park cem

Date of Burial, Feb 6th 1884

Undertaker Stewart & Mowen

Place of Business, 35 Park ave

Samuel E Dinnelle M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the following Notice, and to the Regulations on the other side.

Board of Health, City of Baltimore,

Permit No. 7307 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Murray

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 181 Hamilton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Feb. 6 1884

Undertaker Reuben White

Place of Business, 25 Fremont St

Wm Geo Jr. M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73072 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola Lehmuth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 82 Payson St.

Cause of Death,

First (Primary), Diphtheria

Second (Immediate), Septicaemea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, Feb 6th 1884

Undertaker Jos R Loats

Place of Business, No 707 W Baltimore street

H. H. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 73673 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5 - 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta E Linton

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days,*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 538 - Penna Ave

Cause of Death. First (Primary), Senile Debility

Second (Immediate),

Duration of Last Sickness, 10 - Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial Feb 7th 1884

Undertaker John J Andrews

Place of Business 164 + 6 Druid Hill Ave

H J Houck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 18674 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 63 Buck St

Cause of Death, First (Primary), Measles

Second (Immediate), —

Duration of Last Sickness, 5 Days

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, February 6th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

E. Williams M. D.
Medical Attendant.

Address, 33 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad John Weidlandt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 9 Federal St.

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemic Convulsions

Duration of last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 8th

Undertaker, Geo Schilling

Place of Business,

A E Stein M. D.
Medical Attendant.

Address, 1052 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 13076 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 5/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Wlodek

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 11 *Months,* 27 *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 136 E. Lloyd

Cause of Death,
First (Primary), Puerperal Peritonitis
Second (Immediate), Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 8th

Undertaker Randall & Sizer

Place of Business,

F. L. Winston M. D.
Medical Attendant.

Address, 47 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 7307 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 5th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Gering

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 58 *Years,* — *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 326 E. Lombard st

Cause of Death, First (Primary), Typho-malarial fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Febry 7

Undertaker Wood Dizzy

Place of Business,

P. G. Daniel *M. D.*
Medical Attendant.

Address 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 13078 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Corbett

Sex, Male or Female, {Cross out the word not requred in this line.}

Age, 34 *Years,* — *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 61 E Montgomery St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield

Date of Burial, F-2616

Undertaker [illegible]

Place of Business,

Hendrix Cotta M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73079 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 97 Chesnut Alley

Cause of Death, First (Primary), ...

Second (Immediate), Measles

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 6

Undertaker A Hensley

Place of Business, ...

Geo. H. Simon M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73080 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maria Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 182 Chestnut ave

Cause of death, First, (Primary,) Congestion of Brain & S. Cord

Second, (Immediate,)

Duration of Last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7 1884

{ *Undertaker,* Alex. Hemsley

{ *Place of Business,*

W. Gray Smith M. D.,
Medical Attendant.

Address, 224 Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

B°

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Turner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of her life

Place of Death, {Give street and number.} 256 E. Fayette st

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feby 7th 84

Undertaker, M. E. Darigo

Place of Business, 74 S Dlvy

T. Daugherty M. D.
Medical Attendant.

Address 15. Fairmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 73082 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Grayes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Can Coppersmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 662 S Charles

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, ~~18 days~~ 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 8th 1884

Thomas Bott M. D.
Medical Attendant.

Undertaker John S. Mactier

Place of Business, No 150 Camden St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73083 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hulda H. Schneider

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One Years, *Months,* *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} Belair Road

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 6 1884

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 347 N. Broadway

W. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to Those on Reverse Side of this...

Board of Health, City of Baltimore.

Permit No. 73084 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Theresa Murphy

Sex, ~~Male or~~ *Female.* { Cross out the word not required in this line. } —

Age, — *Years,* 11 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 213 N Front St

Cause of Death. First (Primary), Diphtheria

Second (Immediate), 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 6th 1884

Undertaker James McGinnis

Place of Business, 193 Cowman

Silas M Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3365 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Gosnell.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } St. Vincents Infant Asylum.

Cause of Death,
First (Primary), Marasmus.
Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 6/84.

Undertaker Frank McVeagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 13086 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days,*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 6/84

Undertaker Frank McVeagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7308 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First (Primary), Intemperance & Exposure

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. R.

Date of Burial, Feb 8

Undertaker G. Ruckman

Place of Business,

J. G. Connolly M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those on the back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. C. & J. B. Saunders

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 2½ hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 39 Lexington St

Duration of Residence in the City of Baltimore, Life time & Lower

Place of Death, {Give street and number} No 39 Lexington St

Cause of Death { First, (Primary,) —— Second, (Immediate,) Premature Birth from

Duration of last Sickness, As is believed, an excessive Whooping Cough

All the above information should be furnished by the Physician.

Place of Burial, E[illegible]

Date of Burial, Feb 5th

Undertaker, C. Rinehart

Place of Business, ——

A. J. Lovard M. D.
Medical Attendant.

Address, 169 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73089 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Dyson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 13 *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 8 Chestnut st

Cause of Death, First (Primary), unnatural feeding

Second (Immediate), Indigestion Bronchitis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 1884

Undertaker William Mburger

Place of Business, No 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6390 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 6 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Birth

Place of Death, {Give street and Number.} 244 East Pratt

Cause of Death,
First (Primary), Malarial fever
Second (Immediate), Cerebral congestion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 7th 1884

Undertaker Thos E Hughes

Place of Business, E. Baltimore St

Jno B Bruce M. D.
Medical Attendant.

Address, Balt & Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7389 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Victor Leonard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 10 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 124 Low St

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, 14 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 84

Undertaker Mathew Eadeau

Place of Business, 227 Mulberry St

Thomas Bond M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3092 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Lanahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 M^c Culloh st

Cause of death, First, (Primary,) Membranous Croup

Second, (Immediate,) Suffocation

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Gr E Ennount

Date of Burial, Feb 7th 1884

Undertaker, Mumford (Custom)

Place of Business, Park & Saratoga

Caleb Winslow M. D.,
Medical Attendant.

Address, 20 M^c Culloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7353 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Collins

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, C C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 98 Bluemount Ln

Cause of Death. First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 7

Undertaker Thos Hannan

Place of Business.

Geo. F. Jones M. D.
Medical Attendant.

Address, 1 No of Shelly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73094 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fluthrow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* 5 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Enlarged Liver

Second (Immediate) Hemorrhagic Infarct of Lungs

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 7th 1884

Undertaker G. B. Cook

Place of Business 707 W. Baltimore St.

Ralph Flinner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13090

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13095 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Gantt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and Number.} 88 N. Pacas St

Cause of Death. First (Primary), Pneumonia.

Second (Immediate), "

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Feby 8th 1884

Undertaker F. Lewis Schaefer

Place of Business. 109 W Fremont *Address,* 179 n Howard St

I Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7306 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Brockard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 257 S Charles St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feby 7th 1884

Undertaker F. Lewis Schaefer

Place of Business, 1094 Fremont Address 295 Lexington

John L. Ashby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7307 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months -

the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 7th 1884

Undertaker M J Jordan

Place of Business, 69 Park Ave

Ralph Steiner *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 13098 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Kilcay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 29 Williamson

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7

Undertaker B Hurst

Place of Business, 51 West St

Thomas Cottee M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73099 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addy Straus

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 34 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and Number.} No 242 N Lombard St

Cause of Death. First (Primary), Miscarriage

Second (Immediate), Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem

Date of Burial, Feb 7' 1884

Undertaker J W Cook

Place of Business, 707 W Balto St *Address,* 2 Cathedral St

Felix Semmes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7300 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schmidt

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 78 Bridges Ct

Cause of Death. First (Primary), Membraneous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemty

Date of Burial, Feb 7th 1884

Undertaker Jos H Cook

Place of Business, 707 W Baltim

Geo R Graham M. D.
Medical Attendant.

Address, 131 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 73101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Ernestine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 3 Browns Baltimo

Duration of Residence in the City of Baltimore, Life Since born

Place of Death, {Give street and number} 3 Browns Court

Cause of Death, First, (Primary.) Scarlatina Malegna

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Beech Hill

Date of Burial, Feb 8th 1884

W. A. Jones M. D.
Medical Attendant.

Undertaker, Annuity & Dennis

Place of Business, 263 Light *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73182 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Henry~~ Feb 6, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} ~~Henry~~ Henry J. Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~3y~~ 36 *Years,* 3 *Months,* 20 *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 4 years

Place of Death, {Give street and Number.} 301 S Charles

Cause of Death, First (Primary).

Second (Immediate). Softening of the Brain

Duration of Last Sickness, 1 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Feb 8

Hartman Bartlett M. D.
Medical Attendant.

Undertaker Ambury & Denny

Place of Business, No 263 Light St *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7353 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th Feby 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Scayler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 10 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 189 Montgomery St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Albuminuria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 7th 1884

Undertaker, Annty Cemy

Place of Business, 263 Light St

H W Webster M. D.,
Medical Attendant.

Address, 57 Mercer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

124

Permit No. 73184

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Andrew Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 Baldwin ct near Bake st

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Bronchitis

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th

Undertaker, N. H. Bishop

Place of Business, 97 Druid Hill

Chas E Fadley *M.D.,*
Medical Attendant.

Address, 56 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles T. P. Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. E. Corner Paca and Fayette St.

Cause of Death First, (Primary,) Hypertrophy of the Heart & Rheumatism

Second, (Immediate,) " " " "

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Febry 7th 1884

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, D'Enny and Mitchell

Place of Business, 550 W Fayette St *Address,* 38 Mt. Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73106 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Basil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 83 Goodmans alley

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 3 months 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 8 1884

Undertaker C Wishart

Place of Business, 198 Howard st

Ellis Anichaw M. D.
Medical Attendant.

Address, 15-8 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7387 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th February 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 57 Years

Place of Death. {Give street and Number.} 326 Cobb St.

Cause of Death. First (Primary), Apoplexy — Coma

Second (Immediate), — et exhaustion

Duration of Last Sickness. 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 7 1884

L. D. Sykes M. D.
Medical Attendant.

Undertaker C. W. Chase

Place of Business, 178 Howard *Address,* 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7308 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Mills

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Smithfield

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 813 S. Durham

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 8th

James E Donnell M. D.
Medical Attendant.

Undertaker J. Bloxham Jr.

Place of Business, 253 E. Lombard *Address,* 299 E. Falls St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ... Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7310 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 7 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha B Wyshan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 274 Saratoga St

Cause of Death. First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, Has had the disease 7 years, Last illness one week

the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, February 8th 1882

Wm Wilbridge M. D.
Medical Attendant.

Undertaker Wm C Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVRR.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Althaus

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tayler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 185 Lexington St

Cause of Death, First, (Primary,) Cardiac Hypertrophy

Second, (Immediate,) & Rheumatism

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Pacca

Date of Burial, Feb 8

Undertaker, E. C. Kunkel

Place of Business, 60 Park Ave

Hammond & Turner M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73111 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Hart

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation S

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 300 N. Frathholin St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 7th 1884

Undertaker Charles Scriven

Place of Business, 271 Eutaw St

Geo. L. Keyser M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1311

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13112 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kanline

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baick burner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} No 10 Jefferson Street

Cause of Death, First (Primary), Frequent colds

Second (Immediate), Bright's disease of the Kidneys

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, M Olivet's

Date of Burial, Feb 7 84

Undertaker W Dippel

Place of Business, 115 S Bond St

Millon A Taylor M. D.
Medical Attendant.

Address, 138 Saloon Block

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73113 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Hand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 6 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 28 Adams Ave.

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 17

Undertaker J. Loewen

Place of Business,

Wm. Heuck M. D.
Medical Attendant.

Address, 1438 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7314 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Hoddell

Sex, Male or Female {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death. {Give street and Number.} Cor McElderry & Eden Sts

Cause of Death,
First (Primary).
Second (Immediate). Jaundice

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baetz Cemetery

Date of Burial, Feby 10/84

Undertaker C. F. Rau

Place of Business, 62½ W. Baetz. st.

Silas W. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No 7315 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Irene Worsham

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 15 *Months,* ..... *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 406 E. Madison

Cause of Death. First (Primary), Gastro Enteritis

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 8th 84

Undertaker H. Gander & Son

Place of Business, 252 Canton *Address,* 238 N. Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7811

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73116 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Nagel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 5 Years

Place of Death, {Give street and Number.} 317 S Bond Street

Cause of Death, First (Primary), Heart Disease (Supposed)

Second (Immediate), ?

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 7th 84

Undertaker Wendy Sanderlin *Medical Attendant,* Ralph Mosher M. D.

Place of Business, 252 Canton *Address,* 67 E Bulter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7317 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dolly Jackson.

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, Between 95 and 100 years. *Years,* ? *Months,* *Days*

Color, "Colored"

~~Married, Single,~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, { Give street and Number. } 21 Vincent Alley above Baker St.

Cause of Death, First, (Primary,) Chronic Dysentary.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, About 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial. Feb 8 1884

Undertaker, Alf Hensley

Place of Business, *Address,*

J. Ricketts *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn[ish] within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f[orth] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [and] the cause and date of death, except in cases of births and deaths of illegitimate children. [ov[er]

...r this Certificate.

Board of Health, City of Baltimore,

Permit No. 7318 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose A Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 243 W H Hoffman

Cause of Death, First. (Primary,) Carcinoma

Second. (Immediate,) Ulceration + Hemorrhage from bowels

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial London Park Cy

Date of Burial, Feb 8th 1884

Undertaker, John L. Hatcher

Place of Business, 60 150 Camden

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73119 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

Date of Death, Feb 5 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ozenby

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months.* *Days,*

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Chimney Sweep

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 5 St Thomas Court

Cause of Death. First (Primary), Bronchitis

Second (Immediate), Diarhea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Wood Cemetery

Date of Burial, Feb 8 1884

Undertaker William Burgess

Place of Business, No 62 East st

E. L. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 73120 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Diener

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty-four years.

Place of Death, {Give street and Number.} # 37 Lancaster St.

Cause of Death, First (Primary), Rheumatism (Inflammatory)

Second (Immediate), Paralysis

Duration of Last Sickness, Seven weeks

the above information should be furnished by the Physician.

Place of Burial, U. D. Cemeteries

Date of Burial, Febr 8 th 1884

Undertaker Wm Eilau

Place of Business, 181 Gough St.

John H. Kehberger M. D.
Medical Attendant.

Address, # 2113 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7312 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 7 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Sinft

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 56 *Years,* 10 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 252 Mc Donough St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 10th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St *Address,* 234 N. Broadway

G. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7322 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jamee D. Hogg

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 50 *Years,* 2 *Months,* 15 *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 97 E. Pratt St.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 9th 1884

Undertaker Wm. H. Hickman

Place of Business, 284 N. Gay St.

G. S. Kinnamon M. D.
Medical Attendant.

Address, 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7812 3 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Armistead.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 ~~*Years*~~, ~~*Months*~~, 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 25 McCulloh st

Cause of Death, First, (Primary,) Instability of heart – Gastric Catarrh.

Second, (Immediate,) Asthenia

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial Westminster "Yard"

Date of Burial, Jan 8th 1884

Undertaker, H Dickens and Co

Place of Business Howard and Madison. *Address,* 115 W. Monument st.

C. O'Donovan Jr M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...k of this Certificate.

12

Board of Health, City of Baltimore,

Permit No 73124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Freeze

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 ~~yr~~ days

Color, W *Sex,* F

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. W. Cor Dolphin & Dolphin st

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} N.W. Cor Dolphin & Dolphin st

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Apoplexy

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, February 8th 1884

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

William Lee M. D.
Medical Attendant.

Address 339 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 73125 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie F. Faushaw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 5 *Months,* *Days,*

Color, Colored

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 W. Henry St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions & Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet cem

Date of Burial, Feb 9

Undertaker, J J Cook

Place of Business, 707 W Baltimore

Henry Muller M. D., Medical Attendant.

Address 47 W Henry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73126 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gaidner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, four *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 197 N Eutaw St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Protracted Vomiting

Duration of Last Sickness, Two days called 18 hours before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Febr. 8. 1884

Elias C Price M. D.
Medical Attendant.

Undertaker Walter Emmert

Place of Business, 315 W. Biddle *Address,* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78127 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

Date of Death, Feb. 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Florentine Gerlach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} At the Church of the Immaculate Conception

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, Part of a day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb. 9 1884

Undertaker, L. Haas

Place of Business, 317 Madison

Medical Attendant.

Address, 32 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7828. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 4 Penn alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cem -

Date of Burial, Feb. 9- 1884

Undertaker, Wm H. Madden

Place of Business, 46 East St

A. F. Hill M. D.,

Medical Attendant.

Address, S.W. Cor. Edmondson Ave & Schroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73129 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarita Och

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 3 *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 69 S. Register St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), old age

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery.

Date of Burial, Feb. 9th.

Undertaker Fred Gaede.

Place of Business, 29 S. Caroline st. *Address,* 119 S Broadway

R. M. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73130 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Schoenhals

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* 6 *Months,* 1 *Days*

Color, Colich

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 183 N Carolina Street

Cause of Death. First (Primary) Typhoid Fever

Second (Immediate) Asthenia

Duration of Last Sickness, One (1) week

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10th of Feb. J. W. Slover M. D.

Medical Attendant.

Undertaker Fred Gaede.

Place of Business, 29 S. Caroline St. Address, 183 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1884

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} Mary Scott. (Negro)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 5-6 years.

Place of Death, {Give street and number} #19 Forrest Alley.

Cause of Death, First, (Primary,) Rheumatism & Heart Disease

Second, (Immediate,) Syncope.

Duration of last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Wheelers

Date of Burial, Feb. 8 1884

James Bruce M. D.
Medical Attendant.

Undertaker, J. H. Chase

Place of Business, 198 Maryland Ave

Address, #51 W. John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73182 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Addison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Bottle House Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 8 1884

Undertaker, B. H. Chase

Place of Business, [illegible]

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
Fayette & Hill sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73133 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Barton

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} Camden & Eutaw Sts (Washington Hill

Cause of Death. First (Primary), Destitution & neglect

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Feb 8th 1884

Undertaker F. A. Kirchner

Place of Business, ~~—~~

Geo. W. Dixon M. D.

Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73134 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Fischer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* one *Days,*

Color, White

Married. Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 184 Hanburg St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Spasms

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Feb 7th 1884

Undertaker H. Brielle

Place of Business, —

Chas. H. Brown M. D.
Medical Attendant.

Address, Cor. of Hanby

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73135 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ludwig Charles Werner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 28 *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 112 Barre St Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 112 Barre St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of Last Sickness, had had Colic for 4 months Spasms Convulsions 8 hours before death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem

Date of Burial, February 9 84

J. A. Hammann M. D.,
Medical Attendant.

Undertaker, Philip S. Peel

Place of Business, 183 Columbia Av Address, 357 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73136 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm S. Maxwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1st 146 E Lombard st

Cause of Death,
First (Primary), Died suddenly with
Second (Immediate), Heart disease

Duration of Last Sickness, not at all

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial Febry 10th 1884

Undertaker Bentley & Mitchell

Place of Business, 65 S Broadway

L D Winebrick M. D.
Medical Attendant.

Address, 12 S Ed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13137 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Pollard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Parish alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 13 Mos

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Oct 9

Undertaker W. H. Dunfee

Place of Business,

Geo. H. Dunn M. D.

~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7813 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Stewart

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} Cider Alley No 86

Cause of Death, First, (Primary,) Inflammation of brain

Second, (Immediate,) Cathemia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 8 1884

Undertaker, L Davis

Place of Business, W Conway

A Bryan Wood M. D.
Medical Attendant.

Address, 45 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73139 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884. 9.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jose Millington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Don't Know (Single?)

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Trinidad West Indies

Duration of Residence in the City of Baltimore —

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary). Meningitis

Second (Immediate). Cerebral compression from Sinus-

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Feb 2/84

Undertaker Gorkenehant

Place of Business,

Joseph H. White M. D.
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73140 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Stewart

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 413 Hanover St

Cause of Death, First (Primary),

Second (Immediate) Bright's disease 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 10-1884

Undertaker Wm Weaver

Place of Business, N Eutaw St

J. H. Hanck M. D.
Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...the Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7314 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. E. Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ... *Months,* ... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and Number.} 393 Penna. Ave.

Cause of Death, First, (Primary,) Injury of Spine

Second, (Immediate,) General Debility

Duration of Last Sickness, 20 Years

All the above Information should be furnished by the Physician.

Place of Burial, Bonen Bred

Date of Burial, Feb. 10th 1884

Undertaker, John J. Andrews

Place of Business, 1646 Druid Hill Ave

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7312 *Office of Registrar of Vital Statistics.* Ward ....

HEALTH DEPARTMENT FEB 1884 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, J. Frederick Kuller died on the 8th Feb'y 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Shop Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 215 German

Cause of Death, First (Primary), Pneumonia with Mania a Potu

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, February 10th 1884

Undertaker S. Lewis Schaefer

Place of Business, 109 W Fremont

Edw F. Mechlin M.D. Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7304 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Feb. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie King

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, X *Years,* X *Months,* 14 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Smith's Court.

Cause of Death, {First (Primary,) Trismus Nasc.
Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E.[illegible]

Date of Burial, Feb 8

Undertaker, [illegible] Ruehart

Place of Business,

B. [illegible] Leonard *M. D.*
Medical Attendant.

Address, 3[illegible] E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73144 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

Date of Death, Feb 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} P. Q. Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Medical Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} S. Carolina

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and Number.} 142 N. Charles St

Cause of Death, First (Primary), Acute Rheumatism.

Second (Immediate), Unknown (Supposed cerebral embolism)

Duration of Last Sickness, 3 10/12s

the above information should be furnished by the Physician.

Place of Burial, S. Carolina

Date of Burial, 11th

Undertaker Wm Hendrickson Sons

Place of Business, Park & Saratoga Sts *Address,* 371 Eutaw Place

Thos. S. Latimer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78745 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Roberson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Abt 45 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Abt 15 yrs

Place of Death, {Give street and Number.} 2 Oyster Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt E

Date of Burial, Feb 9

Undertaker, J. Robertson

Place of Business,

Chas. J. Bell M. D.,

Medical Attendant.

Address, Corner 151 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7314 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. B. Cruz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, Color

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Coal Miner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and Number.} 133 Camden

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Dr Sec

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lot Oliver Cem

Date of Burial, Feb 11th 1884

Undertaker, John S Mackey

Place of Business, 150 Camden

E. H. Cochran, M. D., Medical Attendant.

Address, 121 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the actual date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Tables below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jeb 8th 1884.-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Noomi E. Forgelle

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 54 *Years,* 3 *Months,* 3 *Days.*

Color, White.

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, { Give street and number } 429 Park Ave.

Cause of Death, First, (Primary,) Multiple Cancer.-

Second, (Immediate,) Asthenia.

Duration of last Sickness, Several Months.-

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Feby 9/84

[redacted] M. D.

Medical Attendant.

Undertaker, STEWART & MINER Undertakers 54 Park Ave

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074a.]

Board of Health, City of Baltimore,

Permit No. 7345 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 7. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie C. Bortes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 72 Bennett

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Lungs

Duration of Last Sickness, 18. hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feby 9th 1884 Hunter Cotton M. D.

Medical Attendant.

Undertaker Stewart & Mowry

Place of Business, 35 Park ave *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1884 BALTIMORE

Date of Death, Feb. 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Dorgan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 90 Edmondson Ave.

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,) Failure of Heart action

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 9th

Undertaker, W. Immel

Place of Business, 315 W. Biddle St

W. A. B. Sellman M. D.
Medical Attendant.

Address, 46 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 73160 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Leal

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 49 *Years,* 10 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 185 Bethman St

Cause of Death, First (Primary), ~~Dropsies~~ Paralysis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb. 11th

Undertaker W. Samuel

Place of Business, 315 W. Baltimore St. *Address,*

H J Kreck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

6

Board of Health, City of Baltimore,

Permit No. 73101 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie R. ...

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, / *Years,* 4 *Months,* ... *Days,*

Color, white -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ... at -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1932 Fleetwood -

Cause of Death, First (Primary), Pneumonia

Second (Immediate), acthenia

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 8th 1884 ... *M. D.*

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 1434 Eutaw - ...

FEB 9 1884 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73162 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

Date of Death, Feb 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie M E Boyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 36 Caulin St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 6 Days

the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Feb 10/84

Undertaker Thos F McInnis

Place of Business, 8 N Central Ave

E J Milburn M. D. Medical Attendant

Address, 83 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 73163 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James L. Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 123 Mulliken St

Cause of Death, First (Primary),

Second (Immediate). Whooping Cough

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Feb 10th to 1884

Undertaker Henry McGinnis

Place of Business, 8 N Central ave, *Address,* 137 Caton St

D. Gue Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 3154 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Mathews

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.* 7

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 98 Chesapeake st. (Canton)

Cause of Death, First (Primary), /

Second (Immediate) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, Feb 10th

Undertaker John F. Cowan.

Place of Business, Baltimore pope ton

H. Bathurst, Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73156 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

Date of Death, Feby 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hortense Turner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 22 *Months,* — *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 40, Oxford st

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) " "

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Shanks st Cemetery

Date of Burial, Feb 10 84

Undertaker, Abt Hemsley

Place of Business,

I. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73166 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feby 8 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 3yrs.

Place of Death, {Give street and Number.} 20 Bird St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 11

Undertaker B Hartle

Place of Business, 424 W Pratt

Rob. P. Ellis M. D.

Medical Attendant.

Address, 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7317 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William John McCord

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 12 Stirling Street.

Cause of Death, First, (Primary,) Scald.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 22 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 10th 1884

Undertaker, James O Byrne

Place of Business, No 63 N Front

J. E. Ward M. D.,
Medical Attendant.

Address, 216 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7316 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ethel M Hinton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 1 *Months,* 2 *Weeks,* ..... *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and Number. } 99 E. Hoffman St

Cause of Death, { First (Primary), Cyanosis

Second (Immediate), Spasm

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 9 1884

Undertaker John Hennessy

Place of Business, 382 Orleans St *Address,* .....

C. Hinton, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 73159

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Enoch.

~~*Sex,* *Male* or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 134 S. Castle St.

Cause of Death, First, (Primary.) Consumption,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Lutheran Cem

Date of Burial, Feb. 9. 1884

Geo. W. Teackle, M.D.,
Medical Attendant.

Undertaker, J. H. Saunders & Son

Place of Business, 253 Baltimore, *Address,* 128 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73160 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie May Tuttson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 5 Days,

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 200 S Eutaw

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, February 10th 84

Undertaker, Wm J. Tiehner

Place of Business, 65 S. Eutaw St

A. G. McKee M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3161 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 9 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll Bosley Poisl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 19 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 447 W. Fayette St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Unknown.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemy

Date of Burial. Feby 9th 1884

J. W. C. Cuddy M. D.,
Medical Attendant.

Undertaker, D Cemy & Mitchell

Place of Business, 550 W Fayette *Address,* 137 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE.

Board of Health, City of Baltimore.

Permit No. 73162 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sister Mary L. Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Sister of The Good Shepherd

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Feb 11 1884

Date of Burial, Private Cemetery Govanstown

Undertaker J. B. Ernst

Place of Business, 702 W. Balto

Edw F. Cuthbert M. D.
Medical Attendant.

Address 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 73163 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana Foley.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and Number.} St Martins Pastoral Residence. Fulton Ave

Cause of Death, First (Primary), Pleuro-Pneumonia.

Second (Immediate),

Duration of Last Sickness, Nine days.

the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, Feb 11th 84

Undertaker Hopkins Bro

Place of Business, Park Garage

C O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 73164 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1884

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McDowell Agworth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, four (4) *Years,* four (4) *Months,* thirteen (13) *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 429 McHenry St.

Cause of Death, First (Primary), Catarrhal Pneumonitis,

Second (Immediate), Exhaustion

Duration of Last Sickness, Twenty-six days (26)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Feb. 10/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 293 Saratoga St.

L. de L. Gorgas, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 73165 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. F. Scanlan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feby 11 / 84

Undertaker M. A. Daiger

Place of Business, 94 S. Bway

Alexander Tenley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7166 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Downing

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 84 Wilhelm

Cause of Death, First (Primary). .....

Second (Immediate). Premature Birth

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 10/84

Undertaker J Purdue

Place of Business, ...

Geo. H. Simms M. D.

~~Verified Attendant.~~

Address 1117 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73169 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Greenwald,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty eight yrs.

Place of Death, {Give street and Number.} 142 Fairmount Ave.

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Asphyxia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, February 10

Undertaker Wm Eilau

Place of Business, 101 Gough St

H. H. Lusk M. D.
Medical Attendant.

Address, Balt. & Ind. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73768 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lipscomb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ✓

Age, 81 *Years,* *Months,* *Days,*

Color,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Bolton St.

Cause of Death, First, (Primary,) Softening of Brain

Second, (Immediate,)

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feby 10th 1884

Undertaker, E. E. Longhead

Place of Business, 298 Penna Ave

A. McNilson M. D.,
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73169 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Zech

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 Years, *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 88 N. Chapel st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 11th 84

Undertaker W Kappe

Place of Business,

Pierre Lee Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73170 *Office of Registrar of Vital Statistics.* Ward 1 Qr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linsmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 140 S. Madeira Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feby 10. 1883

Undertaker H. Sanders & Son

Place of Business 557 Canton Av *Address,* 419 S. Pratt St.

James F. McShane M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73171 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Platt

Sex, ~~Male~~, or Female, { Cross out the word not required in this line. } Female

Age, 29 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 183 S. Wolfe Street

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, Feby 10. 1884

Undertaker H. Henderson

Place of Business 253 Canton Av *Address,* 207 S. Broadway

A. L. Gastville, Sr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7372 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Thornton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months* 5 *Days.*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 240 Lee Street East

Cause of death, First, (Primary,) Hereditary

Second, (Immediate,) Consumption (Chronic Pulmonalis)

Duration of Last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Feb 10 1884

Undertaker, William N Dunn

Place of Business No 62 East St

James S Duckett M. D.,
Medical Attendant.

Address, No 134 East St East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73193

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel O Watkins,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, Colored,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 147 N Dallas St,

Cause of Death, First, (Primary.) Pneumonia, Catarrhal

Second, (Immediate.) Convulsions,

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial Lowel [redacted] Cemetery

Date of Burial, Feb 10 1884

Undertaker, William A Bonga

Place of Business,

F. W. Schaumberg M.D.,
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73174 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Conway

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 2 Days, 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 947 E. Pratt st.

Cause of Death, First, (Primary,) Spinal

Second, (Immediate,) Meningitis

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 11th 1884

Undertaker, M Clark & Son

Place of Business, 92 O. Com

John B. Newman M. D., Medical Attendant.

Address, 516 Saint Paul & North

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 73175 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED FEB 10 1884 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Karl Hachlel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 6 [redacted] *Months,* 16. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, [redacted]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 258 Franklin St.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 11

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle *Address,* 520 Penna Ave

J. Dickert. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7376 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel C Shriver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months.* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jersey City N. J

Duration of Residence in the City of Baltimore, Some 30 years

Place of Death, {Give street and number.} No 110 N. Eutaw st

Caus of death, First, (Primary,) Mortus Brightii

Second, (Immediate,) Uraemia and Paralysis of Heart

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 11th 1884

Undertaker, Wm C Reaver

Place of Business, No 202 N Eutaw St

R. W. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73177 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian ernest

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 71 East Lombard St

Cause of Death, First (Primary), Dentition

Second (Immediate), Intercurlar Meningitis

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Feb 11

Undertaker W. Kerfoot

Place of Business,

A Traphagen M. D.
Medical Attendant.

Address, 88 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73178 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feby 10th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Hardesty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, [illegible] yrs

Place of Death, {Give street and Number.} 443 McHenry

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 11

Undertaker J B Cook

Place of Business 707 E Baltimore *Address,* Carroll P.O. Balto Co

Jno. C. Holliday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73179 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 146 N. Wood St

Cause of Death, First (Primary), Pneumonia & Meningitis

Second (Immediate), Eclampsia

Duration of Last Sickness, Few (10) Days

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 12/84

Undertaker Frey & Son

Place of Business, 21 N Broadway

Few Shaw M.D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Neeb.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 83. *Years,* 4. *Months.* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and Number.} 47 Hart st

Cause of Death, First (Primary), Oedema

Second (Immediate). Old Age

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Lounden Park

Date of Burial, Feb. 12th 1884

Undertaker T. J. Dill

Place of Business, No. 185 Columbia *Address,* 166 S. Paca st

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7318 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jodie Burch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, twenty two *Years,* ~~Eleven~~ *Months,* and 1/2 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Whasington Dc Dc

Duration of Residence in the City of Baltimore, thirteen years

Place of Death, {Give street and Number.} 183 Hollins St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 6 & month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial Feb 11

Undertaker John T Leaman

Place of Business, Hollins opposite *Address,* 247 W. Lombard St

A. M. Watts. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7312 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas J Lee

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 1 *Days,*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 170 Forbes

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 11

Undertaker Stokes

Place of Business, ...

Jas J Lee M. D.
Medical Attendant

Address, 170 Forbes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7318 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of laws.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Hannah Feick . February 9. 84.

Full Name of Deceased, { Write legibly and spell correctly. If an Inmate not named, give names of parents. } Hannah Feick.

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Co. Galway. Ireland

Duration of Residence in the City of Baltimore, about 56 years

Place of Death, { Give street and Number. } No 10 Neighbor St

Cause of Death, First (Primary), Fatty Degeneration with Heart

Second (Immediate), Heart failure.

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 11 th

Undertaker H.C. Wiedefeld

Place of Business, 90 Greenmount Ave

John R. Lorman M. D.
Medical Attendant.

Address N. E. Cor Pine & Preston Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7364 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Luther J. Thomas

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death. {Give street and Number.} 14 Patterson Park Ave.

Cause of Death, First (Primary),

Second (Immediate). Organic Lesions of Heart

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 11th 84

Undertaker G. Frank

Place of Business, Davis & Wolfe *Address,* 616 N. Balto. St.

B. S. Tilcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73185 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Magness

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 297 E. Monument St

Cause of Death, First (Primary), ~~Pneumonia~~ Pneumonia

Second (Immediate), Dropsy

Duration of Last Sickness, 5 weeks

the above info mation should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb 12. 1884

Undertaker John W Jackson

Place of Business, Geo L Gardner & Co

J D Groff, *M. D.*
Medical Attendant.

Address, 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73186 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary O'Donnell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} 15 Bank St.

Cause of Death, First (Primary), Pneumonic

Second (Immediate), Asphyxia

Duration of Last Sickness, Unable to state as she was insane

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemy

Date of Burial, Feb 11th 1884

Undertaker Jas P Byrne

Place of Business, 63 Front St *Address,* Balt. & Gay

G. Glanville Luck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7387 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Kisner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 7 Marian Road

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 12th 1884

O. A. Cooke M. D.
Medical Attendant.

Undertaker John J. Mackin

Place of Business, No 150 Canton Address, 110 Foot ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73158 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 10th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 147 E. Dallas

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cath Cemetery

Date of Burial, Feb. 12th 1884

J. L. Bevan M. D.
Medical Attendant.

Undertaker W. C. Sanderson

Place of Business, 952 Eastern Ave *Address,* 1701 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73189 *Office of Registrar of Vital Statistics* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia C Norfolk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} No 246 Lafayette ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Typho-Malarial Fever

Duration of Last Sickness, 4 Week

All the above information should be furnished by the Physician.

Place of Burial, Deep Sanding Calvert Co. Md

Date of Burial, Feb 13th 1884

Undertaker, John J Andrews

Place of Business, No 476 Druid Hill Ave

W. K. Warner M. D., Medical Attendant.

Address, Gorsuch Station

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Covell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Locomotive Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 566 W. Lombard

Cause of Death, First, (Primary,) A variety of causes

Second, (Immediate,) consumption

Duration of Last Sickness, about Six years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 13

Undertaker, S. M. Leonard & Bro.

Place of Business, 782 W. Baltimore

John Hood M. D., Medical Attendant.

Address, 322 Holland St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3191

...n Back of this Certificate

...Special Attention of Physicians

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

...City of Baltimore,

...r of Vital Statistics. Ward ....

...onsible for the presentation of this Certificate, *accurately filled out*, ...in *twenty-four hours* after the death of said deceased, or sooner, if

...NED WITHOUT A PROPER CERTIFICATE.

OF DEATH.

Date of Death, Feb. 11th 1884.

Name of Deceased, Annie Mary Jefferson.

Sex, ~~Male~~ or *Female,* ✓

Age, 1 Yr. ... *Months,* ... *Days,*

Color, White.

Occupation, ...

Birthplace, Prod. & Fayette Sts. ...rd not ...ne.

Duration of Residence in B. C., Life.

Place of Death, Prod & Fayette Sts

Cause of Death, First, (Primary.) Rubeola.

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 5 days.

REMARKS.

John Whitelaw M.D.
Attending Physician
Fayette & Pacca Sts.

...Geo. H. Jewett M. D.
~~Medical Attendant~~

...ddress, Bd of Health

Ef Coune. Co. undertakers
538 W. Fayette St
Balto Cemetery Feb 12 1884

...a full and correct record of Vital Statistics in the ...more.

...r any person shall die in the said city, it shall be the duty of ...ner, when the case comes under his notice, to furnish within ...superintending the Burial, a certificate setting forth as far as the ...married or single) of the person deceased, and the cause and ...n.

[OVER.]

JOHN B. PIET, PRINTER & STATIONER, BALT.

this Certificate.

Board of Health, City of Baltimore,

Permit No. 73192 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8 / 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Chew

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life -

Place of Death, {Give street and Number.} # 711 Vincent al.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb

Undertaker, A. Hamsley

Place of Business,

A. E. Pole M. D.,

Medical Attendant.

Address, No 1 North Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73193 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Newetz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One 1 *Years,* Five 5 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 129 N. Spring St

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, Five (5) Weeks

The above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cemet.

Date of Burial, February 11th

Undertaker F. Evarts & Son

Place of Business, S. W. cor. Jefferson & East.

I. W. Bruce M.D.
Medical Attendant.

No. 129 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7319 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Tiglman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Little Cochon St

Cause of Death, First (Primary). Measles

Second (Immediate). Pneumonia & Convulsions

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 11th 1884

Alexander Tinsley M. D.

Medical Attendant.

Undertaker Martin Fahey

Place of Business, 126 W Townsend St *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73195 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th/884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Tighlman

Sex, Male or ~~Female~~, {~~Cross~~ out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, B

Married, ~~Single~~, ~~Widow or Widower~~, {~~Cross out the word not~~ required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Paterson Lane

Duration of Residence in the City of Baltimore, 1 yr 3 m

Place of Death, {Give street and Number.} 10 Little Calhoun st

Cause of Death, First, (Primary,) Want of attention

Second, (Immediate,) Lobular Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Lauriel Cemetery

Date of Burial, February 11th 1884

William Lee M. D.,
Medical Attendant.

Undertaker, Martin Fahey

Place of Business, 126 W. Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7316 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Augustus Rogers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Two *Months,* — *Days,*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Belair Avenue, S. of Federal St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hypostatic Congestion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 12 1884 J. Fussell Mantech M.D.

Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully referred to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7319 7

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2. 10. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Marea

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, about 28 Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 13 Arlington Ave,

Duration of Residence in the City of Baltimore, 28 Days

Place of Death, {Give street and number.} 13 Arlington Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb. 12/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ... e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

#7 3198

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Holmes

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Housemaid Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Essex Co Va

Duration of Residence in the City of Baltimore, 7 or 8 months

Place of Death, { Give street and Number. } 6 upton st

Cause of Death, { First (Primary), Variola Confluent

Second (Immediate), Exhaustion

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker .....

Place of Business, ...

Alexander Tinsley M. D.

Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following certificate [OVER

...to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73198 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} .....

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co Va.

Duration of Residence in the City of Baltimore, 6 month

Place of Death, {Give street and Number.} 7 upton st

Cause of Death, First, (Primary,) Unknown —

Second, (Immediate,) Probably Want & Exposure

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Shartos Co

Date of Burial, Feb 12 '94

Undertaker, Hensley

Place of Business, ...

Harvey Hull M. D., Medical Attendant.

Address Druid Hill & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73199 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Anna Herrmann

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* ____ *Months,* ____ *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Stone

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and Number. } 91 Fairmount Ave.

Cause of Death, First (Primary), Dystocia

Second (Immediate), Metritis

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb. 12th 84. G. G. Lusk, *M. D.*

Medical Attendant.

Undertaker G. O'Shea

Place of Business, Bank & Wolfe Sts. *Address,* Balt. & York. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73200 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Adam Sponheimer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years 9 Months, 7 days, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation ~~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 253 N. Wolf st

Cause of Death,
First (Primary), Inflamation of Brain
Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 12 1884

Undertaker Charles Rossney

Place of Business, 1962 Baltimore

A. P. Meales M. D.
Medical Attendant.

Address, 228 S Bond st
Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7320 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William M. Deetz

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male

Age, 3 *Years,* 10 *Months,* 3 *Days,*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #161 Chestnut St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 16 Days

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15th at 10 A.M.

Undertaker Geo. Schilling

Place of Business,

O'S Mahon M. D.
Medical Attendant.

Address #136 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73202 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th of February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Baumhagen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 44 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his lifetime

Place of Death, {Give street and Number.} Aspen Court No 9

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 12th

Undertaker A. Rosenberger

Place of Business, 70 Mulberry st

A. F. Reinhart M. D.
Medical Attendant.

Address, 20 S. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73203 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann B. Barney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 14 Cathedral St

Cause of Death, First (Primary), General debility after years of ill health

Second (Immediate), unknown, sudden

Duration of Last Sickness, Always an invalid

the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Feb 13th 84

Undertaker H. W. Jenkins & Son

Place of Business, Park & Saratoga St *Address,* 28 Cathedral St

F. F. Miles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73204 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Eckes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days,

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } = Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 341 Canton Avenue

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, H. A. Ghosrsus Cemetery

Date of Burial, February 12th 1884

Undertaker H. H. Gilmeyer

Place of Business, 341 Canton Ave. Address, 207 S. Broadway

H. Bathurst, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

No. [illegible]

Board of Health, City of Baltimore.

Permit No. 13205 ; *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy M Church

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 65 Stockton St

Cause of Death, First (Primary),

Second (Immediate) Haemorrhage Lungs

Duration of Last Sickness, Found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 13

Undertaker G W Bowers

Place of Business, 129 Lanvale

Alexander Tinley M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 13206 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 110 Welcome Alley

Cause of Death, First (Primary), Phthisis & Asthenia

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12

Undertaker H Ross

Place of Business 95 Conway St

Wm S Bruce M. D.
Medical Attendant.

Address, 210 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73207 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant not named { Henry Bernebotte / Charlotte Bernebotte Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 5 minutes ~~Days,~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 356 Stricker St

Cause of Death, First (Primary), Difficult labor

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem

Date of Burial, Feb 12th 1884

Undertaker John J Andrews

Place of Business No 4 & 6 Druid Hill Ave *Address,* 188 Franklin

J. H. Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73208 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th Feby 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} one, Winters

Sex, Male or Female, {Cross out the word not required in this line.} Female Parents Mary "

Age, Two hours *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 240 Saratoga St

Duration of Residence in the City of Baltimore, Two hours

Place of Death, {Give street and Number.} 240 Saratoga St

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature birth

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Patte Cun

Date of Burial, Feby 12-1884

Undertaker, Wm H. Winters

Place of Business,

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73509 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Heilman

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 9 *Days,* 11

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 459 East av

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 14, 1884

Undertaker Henry Hoch

Place of Business, 309 Central av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73210 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. P. Webster,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 444 E. Fayette St.

Cause of Death, First (Primary), Bronchial and Intestinal Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, Fairview Cem. Md.

Date of Burial, Feb 12/84

G. Glanville Link M. D.
Medical Attendant.

Undertaker Fry & Leo

Place of Business, 1118 Broadway

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13211 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Forde

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 115 N. Caroline St

Cause of Death, First (Primary),

Second (Immediate). Bright Disease

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14 84

Undertaker Fry & Bro

Place of Business 51 N Broadway *Address,* 137 Aisquith St

J. T. Gwynn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Reference to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7312 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ortman

Sex, ~~Male,~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 15 May St

Cause of death, First, (Primary,) —

Second, (Immediate,) Apoplexia

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

C. H. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73213 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottfried Friedrich Weiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* *Days,*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, upholsterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 46 Leadenhall

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 14th

Undertaker, Henry Brieden

Place of Business, Hanover St 81

S Chisholm M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73214 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J Crockett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 19 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 822 N Ports st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Dropsy

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 13th

Undertaker Jos B. Cook

Place of Business 707 N. Balto st

James Bosley M. D.
Medical Attendant.

Address, 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7324 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11/84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Basil.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 12/84.

Undertaker Frank McHeath

Place of Business, Division & Monument *Address,* Hanover, Calhoun

R. McSherry Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73216 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 12, 184,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joseph Wood,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~ Years, ~~ Months, 7 Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 503 E. Monument St

Cause of Death, First (Primary), Infantile Convulsions

Second (Immediate),

Duration of Last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 12 1884

Undertaker John Henning

Place of Business, 952 Orleans St *Address,* 244 E. Biddle St

John H. Lowman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73217 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Dill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 47 Eough St

Cause of Death, First (Primary), Spasms

Second (Immediate), One Day

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Matthews Gm

Date of Burial, Feb 13 1884

Undertaker John Kennedy

Place of Business, 352 Edmond Address, 342 Broadway

W. H. Todd, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7321 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Vierck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 428 N. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Feb 13/84

Undertaker Andrew Rohde

Place of Business, 48 Penna. ave

H. L. Green M. D.
Medical Attendant.

Address, 324 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73219 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A Sharman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 287 Forest St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 13th 1884

Undertaker James P Byrne

Place of Business, 632 N Fremont St

S. N Hender M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Simms

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, One (1) *Year,* Three (3) *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St. Mary's County, Maryland

Duration of Residence in the City of Baltimore, One year and two months

Place of Death, {Give street and number.} Cor Saratoga & Fulton Av.

Cause of Death, First (Primary,) Tuberculous disease of Bowels

Second (Immediate,) Diarrhea

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, Feb. 13. 1884

Undertaker, J. B. Blackistone

Place of Business, 592 Hanover St

J. J. Purdum M.D.
Medical Attendant.

Address, 244 W. Camy St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7322 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E Eliza A Baughman

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 65 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 25 Woodyard Alley

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb 13. 1884

Undertaker Martin Fahey

Place of Business, 126 & 128 Conway *Address,*

M. J. Mauck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73222 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizah Driscoll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, Abt 3 Months

Place of Death, {Give street and Number.} 72 N. Chester St.

Cause of Death, First (Primary), 1 Heart Disease

Second (Immediate), 3

Duration of Last Sickness, Sudden Death

the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

Chas M. Moffit M. D.
Coroner E.D. ~~Medical Attendant.~~
Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following certificate [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73222 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah E. Dimbert

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys County Maryland

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 72 N. Chester st

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Heart Disease

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 14th 1884

F. L. Russell M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73243 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 94

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Celia Jones

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 5 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 139 Henrietta St

Cause of Death, First (Primary), Phthisis

Second (Immediate). asthenia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 13

Undertaker H. Ross

Place of Business, 95 Conway St

W. S. Bozé M. D.
Medical Attendant.

Address, 220 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7822 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C. Berthy Young

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 7 Months. Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore / Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 196. Henrietta St.

Cause of Death, First (Primary). Asthenic-bronchitis from exposure

Second (Immediate). Convulsions & exhaustion

Duration of Last Sickness. 10. days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 13

Undertaker H. Kodd

Place of Business, 92. Conway St

J. A. Lloyd M. D.
Medical Attendant.

Address, 146. Hull St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73226 ;

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Geiss

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} Wookes str. No 61

Cause of Death, First (Primary,) Cancer of uteras

Second (Immediate,) Anasarca

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 14 1884

J. Adolph Boehme, M. D.
119 Hanover str
Medical Attendant.

Undertaker, John D. Mackey

Place of Business, No 150 Camden *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73226 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Webster G Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 208 S Paca St

Cause of Death, First (Primary), —

Second (Immediate), Intussusception of Bowels

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 14th 1884

Undertaker John S. Meacher

Place of Business, No 150 Camden St

Wm. Blake M. D.
Medical Attendant.

Address, 158 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73227 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th. February 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jules Huber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lasin, Prussia, Germany

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give street and Number.} Bethel Court 4.

Cause of Death, First, (Primary,) } Hydrops Anasarca.
Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, 13th 1884

Undertaker, Jno. Wm. Roth

Place of Business, 244 E. Balto

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73226 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Charles Denhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 83 Parkin

Cause of Death, First (Primary), Spinal Disease

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feb 13/84

Undertaker F. H. Reis

Place of Business, 858 W. Pratt St.

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73229 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill

Duration of Residence in the City of Baltimore, 65 yrs

Place of Death, {Give street and Number.} 16 Vine St

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness, Found dead in Bed

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 13th 1889

Undertaker M J Jordan

Place of Business, 63 Park Ave

Alexander Tinsley M. D.

~~Medical Attendant~~

Address, Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73230 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12' 84 7.30 P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert William Hoffnagle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3. *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 575 Saratoga St

Cause of Death, First, (Primary,) Rubiola - recovery

Second, (Immediate,) Acute Albuminuria

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial. Feb. 14/84

Undertaker, L. B. Cook

Place of Business 207 W. Balto St.

C. J. Kaston M. D.,
Medical Attendant.

Address, 743 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Gross,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow,

Occupation, Cook & washer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md,

Duration of Residence in the City of Baltimore, 15 years,

Place of Death, {Give street and number.} 47 Caroline Street,

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loreel Cemetery

Date of Burial, Feb 13 1884

Undertaker, William Jones

Place of Business, No 62 Eastst

Harvey L. Byrd M. D.
Medical Attendant.

Address 127 N. Wolfe Street,
Baltimore Md,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 3232 *Office of Registrar of Vital Statistics.* **Ward** 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams A. Johns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 163 N. Dallas -

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate), ...

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 1884

Undertaker William Mongue

Place of Business, No 62 East Street *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73223 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannette M Feller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ~~0~~ *Months,* 1 *Days,* 22

Color, White

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Gilmor St. & Pulaski Ave

Cause of Death, First (Primary),

Second (Immediate), Defaldhesia

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Feby 13th 1884

Undertaker D Eudy & Mitchell

Place of Business, 550 W Fayette St *Address,* 36 Greenmount Ave

Silas N Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73234 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastatia Murphy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 39, S. Caney

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, February 14th 1884

Undertaker Matthew Cadogan

Place of Business, 22 Hunter St.

Edw'd F. Buchanan M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Smith.

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 6 3 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 90 Madison St

Cause of Death, First (Primary,) Dis of Heart

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 13th 1884

H. J. Mundorf M. D.
Medical Attendant.

Undertaker, S. M. Chase

Place of Business, 198 S Howard St *Address* 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73236 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Pleikampf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* 26 *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Farmer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} No. 264 West St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, two 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 14th 1884

Ellis Nicholson M. D,
Medical Attendant.

Undertaker M. A. Daiger

Place of Business, 74 N. Broadway *Address,* 153 S. Stuart Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7327 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Lee Brauffer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dying, life

Place of Death, {Give street and Number.} 75 Randall st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial Lauden Park Cem

Date of Burial, Feb 14th 1884 O. A. Cooke M. D.

Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9235

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore. 11

Permit No 78235 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 12th:

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Thomas

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 86 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give street and Number. } No. 57 Richmond St

Cause of Death, First (Primary), Old age

Second (Immediate), Bronchitis

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 14th

Undertaker A. Rosenberger

Place of Business, 70 Canberry St

E. Lewis M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73239 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 12th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Schlemmer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 - *Years,* *Months,* *Days,*

Color, White

Married. ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 59 Leadenhall St.

Cause of Death, First (Primary). Disease of the Heart (Hypertrophy)

Second (Immediate).

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Feby 14th 84

Undertaker Ph. J. Seewald

Place of Business, 35 S. Eutaw *Address,* 5 Hanover

Wm Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73240 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13 - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lankford

~~*Sex,* Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nil.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 72 Fairmount Avenue. Near Washington.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Five Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 15. 1884

Undertaker, C. Flanders & Son

Place of Business, 552 Eastern Ave

Alfred D. Lankford, M. D., Medical Attendant.

Address, 44 South Ann Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 73241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Forty six *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Oyster Shucker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 41 Orchard St.

Cause of Death, First (Primary,) Ulceration of Larynx (Syphilitic)

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb 13 1884

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, Thomas Henson

Place of Business, 86 Sarah St. *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules and Regulations

Board of Health, City of Baltimore.

Permit No. 73242 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 13 B BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter H. Stanley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* ..... *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Eutaw court

Cause of Death. First (Primary), ...

Second (Immediate), Tuberculosis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 14

Undertaker W. H. Bushey

Place of Business, ...

J. M. Hoffman M. D.
Medical Attendant.

Address, 278 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73243 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12" 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Kahler

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, ... *Years,* 3/12 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 1 Jeannette Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Carroll County Cemetery, Md.

Date of Burial, Feby 14

Undertaker B. Wade

Place of Business, 52 West St.

O. A. Cook M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73244 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josepine Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 466 Fort Ave.

Cause of Death, First (Primary), Pneumonia (double)

Second (Immediate), Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, February 14

Undertaker B. Hall

Place of Business, 42 West St.

C. L. Buddenbock M. D.
Medical Attendant.

Address, 466 S. Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73246 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] 12th Feby 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napoleon Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, M

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 254 Hanover

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Retrocession of Measles

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, Feby 14

Undertaker, [illegible]

Place of Business, [illegible]

Geo W Webster M. D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HAVRE DE GRACE FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th of February 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Linn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty (20) *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Unknown.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 366. Division St. Baltimore.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Pulmonary Phthisis. (Consumption)

Duration of Last Sickness, Probably One year or more. (Unknown)

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, February 14th 1884

Undertaker, Martin Fahey

Place of Business, 126 Townsend St.

W. C. VanBibber M. D., Medical Attendant.

Address, 44. Franklin St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7324 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Ainslie Whaite

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 13 *Days,*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 52 Warren Ave

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate). Hepatic Prostration

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 14th 1884

H. B. Noble M. D.
Medical Attendant.

Undertaker Armstrong Bros

Place of Business, 263 Eight *Address,* 50 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7328 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Aeron Runyon

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 73 *Years,* 4 *Months,* 12 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Ship Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 26 Johnson Str

Cause of Death, First (Primary), Carcinoma

Second (Immediate), Gen'l Debility

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 15th 1884

H. B. Noble M. D.
Medical Attendant.

Undertaker Armstrong & Denny

Place of Business, 263 Light *Address,* 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13279 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Cleary

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* lived 1/2 hour *Months* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation ..... √

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 7 Pleasant alley

Cause of Death, First (Primary), Dyspnosis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, Feb 14 84

Undertaker G. Shaw

Place of Business, Bond & Wolf *Address,* 117 S Broadway

R. W. Manfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 18230 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Jay Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 10 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Boston Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 53 Eldorado St

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate),

Duration of Last Sickness, 3 Months

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb. 14th 94

Undertaker G. Frank

Place of Business, Rank & Wolfe *Address,* 53 Eldorado St

E. J. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73257 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH FEB 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wardick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3612 Lombard St

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate),

Duration of Last Sickness, Five or six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 16th 84

Undertaker G. Frana

Place of Business, Bank & Mott *Address,* 2 N Broadway

D W Cathell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13252 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Dawson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 47 Paca alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, about 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 14

Undertaker, W. R. Duryee

Place of Business,

Medical Attendant, [illegible] *M. D.,*

Address, 545 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 73253 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harmony Lane

Duration of Residence in the City of Baltimore, 3 y

Place of Death, {Give street and Number.} 9 Little Cathcart st

Cause of Death, First, (Primary,) Syphilitic Rupia

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cem

Date of Burial. Feby 15th 1884

Undertaker Wm James Gray

Place of Business, 65 Madison *Address,* 339 N Eutaw st

William Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 78254

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Apparently 75-80 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 68 W Madison St

Cause of Death, First, (Primary.) Dis of Heart - Infirmities of Age

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 16th 84

Undertaker, H W Jenkins & Sons

Place of Business, Park & Hardy

Richard McSherry, M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73266 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi James Cattell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Lumber Inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Worcester Co. Md.

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 318 E Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 16th 1884

Undertaker Denny H Mitchell

Place of Business, 65 S Broadway

D W Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jeanette Marshall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 225 Argyle Ave

Cause of Death, First (Primary,) Chronic Cerebral Softening

Second (Immediate,) Paralysis (General)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Cokesville Md

Date of Burial, Feby 15. 84

Undertaker, J. E. Hough & Co

Place of Business, 298 Penn Ave

J. L. Ryle M. D.
Medical Attendant.

Address 247 Fawn ale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 73207 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Dyer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

Age, 54 *Years,* — *Months,* — *Days,*

Color, White.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.} Married.

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co., Md.

Duration of Residence in the City of Baltimore, about 38 years

Place of Death, {Give street and Number.} [redacted] 2 3 4 E. Pleasant St.

Cause of Death, First (Primary), Cancer. Malignant of the right breast.

Second (Immediate), Exhaustion.

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Carroll

Date of Burial, Feb. 14th 1884

John A. Cowan M. D.
Medical Attendant.

Undertaker James P. Byrne

Place of Business, No 63 N Gay St *Address,* P. F. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73258 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb. 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jeannette Conley

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Seamstress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Beaver County Pennsylvania

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 7 Payson St. Balto. Md.

Cause of Death, First (Primary),

Second (Immediate) General debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Pittsburgh

Date of Burial,

Undertaker Hollander & Sons

Place of Business, 22 N. Pratt St.

H. Simmett Norris M. D.
Medical Attendant.

Address, 561 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1026

Board of Health, City of Baltimore,

Permit No. 3299 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Crotzburg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1065 Carolina St

Cause of Death, First (Primary),

Second (Immediate), Measles

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 14

Undertaker J. Henderson

Place of Business,

Geo. H. Jenson M. D.

~~Medical Attendant~~

Address, Con. & Keith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73260 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Reagan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 *Years,* *Months,* 5 *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B C

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 129 Hudson

Cause of Death, First (Primary), Pulmonal Tuberculosis — Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feby 15. 1884

Undertaker Hudson & Son

Place of Business, 232 Eastern Ave *Address,* 77 S. Broadway

L. L. Minton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7826 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gerstmyer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 247 Eastern Avenue

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Fourteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 14. 1884

Undertaker N. Pender & Son

Place of Business, 252 E. Eutaw

Nicholas L. Bathiell, Sr. M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 73 262 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gallagher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and Number.} 10 S. Caste st.

Cause of Death, First (Primary), Inflammation of the Stomach

Second (Immediate),

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feby 16th 1884

Undertaker M. Clark & Son

Place of Business, 92 S. Amer st

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73263

Board of Health, City of Baltimore.

Permit No. 73263 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham C. Augustus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 125 N. Caller Street

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Osborn Cemetery

Date of Burial, Feb 14th 1884

Undertaker C. M. Chase

Place of Business, 198 E. Howard St

Chas. M. Morfit M. D.
Medical Attendant.

Address, 67 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 32267 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard R Fonty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow, or Widower, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Carrol Co. Md

Date of Burial, Feb 15th 1884

Undertaker John J Andrews

Place of Business No 1126 Druid Hill Ave

Alexander Fenby M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73265 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 14 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Gorodeska

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} Canton St. near Boston

Cause of Death, First (Primary), Unknown

Second (Immediate) General Dropsy

Duration of Last Sickness, 16 weeks

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, 2-16-94

Undertaker G Ruehrwein

Place of Business,

J. H. Mus M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73266 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph B. Hall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Col.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Mulberry St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 17 1883

Undertaker, J. F. Coane Co

Place of Business, 538 W. Fayette St *Address,* 616 W Balto. St.

W. S. Titcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1316

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73267 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE FEB 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Johnson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 26 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Feb 14

Undertaker J Ross

Place of Business, 65 Conway

C S Bond M. D.
Medical Attendant

Address, 215 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 3268 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes A Peters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and Number.} 136 S Wolf st

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, 1st German United Cemetery

Date of Burial, Feb 16th 1884

Undertaker Wm Nicolons

Place of Business, 258 Nicolson

L D Wentworth M. D.
Medical Attendant.

Str
Address, 12 S Edw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73269 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

Date of Death, Feby 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Grace

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Born & lived

Place of Death, { Give street and Number. } No 21 E Biddle

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Feby 16th 1884

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann,

M. D.

Medical Attendant.

Address 21 E Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73270 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Whitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Gay St. Ext.

Cause of Death. First (Primary), Pneumonia

Second (Immediate), ~~Cy~~ Asphyxia

Duration of Last Sickness, Eight days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 15 1884

Undertaker Henry Hoch

Place of Business, 209 Central Ave

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Frank. Rds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 10211

Board of Health, City of Baltimore.

Permit No. 73270

Office of Registrar of Vital Statistics. Ward 18

HEALTH DEPARTMENT FEB 15 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Whitenhan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 87 Leaden hall st

Cause of Death, First (Primary), Debility

Second (Immediate), Scrofula

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, February 15

Undertaker H Ross

Place of Business 75 Conway St

J West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13272 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 15 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wolf,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 102 S. Register St.

Cause of Death, First (Primary), Measles

Second (Immediate) Meningitis

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Feb 16th

Undertaker Jas. C. Schultz

Place of Business, 216 Mic[illegible] *Address,* 95 Park Ave.

A. D. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7327 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 14th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J Hook.

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 8 *Years,* 2 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, 4 Mthy

Place of Death, {Give street and Number.} 4 Stockton St.

Cause of Death, First (Primary), Pneumonitis Secondary to Measles.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 7 Days.

the above information should be furnished by the Physician.

Place of Burial, Brooklyn Ville Balt Co Md

Date of Burial, Feb 16 1884

Undertaker Walter Emmert

Place of Business, 315 N. Bathe St Address,

T. Hewlett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73274 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Webster Cuskey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days,*

Color, M

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Patterson ave & Calhoun

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Retrocession and convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 15

Undertaker, G W Bispara

Place of Business, 98 Lanvale

H W Mebaley M. D.,
Medical Attendant.

Address, 54 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8276 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT FEB 15 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith L. Rugeon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} H. G. Stockton Sr

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} H. G. Stockton,

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), ...

Duration of Last Sickness, 4 days.,

the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 16

Undertaker J. H. Blizard

Place of Business, 178 Bo Av

G. W. Sims M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7326 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Cabat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and Number.} # 276 S. Bond St.

Cause of Death, First (Primary), Malarial Fever (Intermittent)

Second (Immediate),

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetary

Date of Burial, Febuar 16th 1884

Undertaker Leonhard Fuetz

Place of Business, 277 S. Bond St.

John H. Kelberger M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 73277 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Blackburn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 22 *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and now lying in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 306 S. Eutaw St

Cause of Death, First, (Primary,) Pertussis,

Second, (Immediate,) Convulsions

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15 1884

Undertaker, H Ross

Place of Business, 96 Conway St. *Address,* Southern Dispensary

L. B. White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73278 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rickard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about fifty years

Place of Death, {Give street and Number.} 255 Chew St

Cause of Death, First (Primary), neglected hernia

Second (Immediate), femoral hernia

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 17th 1884

Undertaker Henry W. Mears

Place of Business, 46 N. Gay St

Milton N. Snyder M. D.
Medical Attendant.

Address, 138 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73279 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and Number.} N. W. Cor. Eutaw & Lanvale Sts

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, About One year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16 1884

Undertaker, J. F. Loane & Co

Place of Business, 538 W. Lafayette St

John Hood M. D.,
Medical Attendant.

Address, 322 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73280 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bowser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 8 *Months,* 1 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and Number.} 103 Sarah Ann St.

Cause of Death. First, (Primary,) .....

Second, (Immedinte,) Phthisis Pulmonalis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 16th 1884

Undertaker, Edward Dare

Place of Business, 21 E Fayette

W. H. Jones M. D.,
Medical Attendant.

Address, Balto Gen Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13281 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavenia Dean

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 H Raborgh

Cause of Death. First (Primary),

Second (Immediate), Croup

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 15

Undertaker S McClure

Place of Business,

Geo. H. Dunn M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13282 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th. February 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Cuba.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Bethel Court H.

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Ct. Athanasius Cy

Date of Burial, Feb. 16 1884

Undertaker, Twibil & Funk

Place of Business, 35 Baltimore

W. Kiani Henkel M. D.,
Medical Attendant.

Address, S. Wolfert Hill,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7283 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1884

Full Name of Deceased, {Write legibly and spell correctly: if an infant not named, give names of parents.} David Z Buckley.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 245 N Mount st.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Asthenia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 17th 1884

Josh D Pennington M. D.
Medical Attendant.

Undertaker Emmy & Mitchell

Place of Business, 530 W Fayette St *Address,* 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73287 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED FEB 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maud F. M^c Lanahan

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 32 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 241 W. Lanvale St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Pcrcus.

Date of Burial, Feby 15-84

Thomas Shearer M. D., Medical Attendant

Undertaker, Denny & Mitchell

Place of Business, 534 W Fayette Address, No. 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Callahan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 38 Valley st

Cause of Death First, (Primary,) Inflammation of bowels

Second, (Immediate,) Hemmorhage

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 16th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave

Wm H. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73486 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Dennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, BC

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 42 East St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Days

the above info mation should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 15 1884

Undertaker W W Madden

Place of Business, 46 East St

J P Gwynn M. D.
Medical Attendant.

Address, 137 Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78287 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Life,

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus,

Second (Immediate) Exhaustion,

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 16/84

Undertaker Frank McVeagh

Place of Business, Division & Monument Address, Harlem av, Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73288 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 15th 1884

Undertaker Frank McVeagh

Place of Business, Division & Monument

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith J. Fields

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1. 2. 4.

Place of Death, {Give street and number} 10 Grindalls Ct

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 15 1884

Undertaker, H Dass

Place of Business, 25 Commerce St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7329 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Chas Marsh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 88 Fairmount Ave

Cause of Death, First (Primary), Malarial

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Feb 16

Undertaker J. Sander & Son

Place of Business,

A Frey Shortzer M. D.
Medical Attendant.

Address, 88 Fairmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

73287-73291

Mucin

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73292 *Office of Registrar of Vital Statistics.* **Ward** 2

HEALTH DEPARTMENT FEB 15 1 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, FEB 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Stevenson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1411 Warren Ave

Cause of Death, First (Primary),

Second (Immediate) asthma

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 15

Undertaker F Fuchs

Place of Business,

Geo W. Downs M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73293 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Jane Shoulder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 8 *Years,* 1 *Months,* 24 *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 25 Frederick ave

Cause of Death, First (Primary), Typhomalarial Fever

Second (Immediate), Renal Hemorrhage

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 17/84

James Dooley M. D.
Medical Attendant.

Undertaker J. W. Cook

Place of Business, 207 W. Balto St *Address,* 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73294 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fenton W. Hardesty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 yrs 2 mo

Place of Death, {Give street and Number.} 443 McHenry

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park,

Date of Burial, Feb. 15/94

Geo. G. Colegday M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 207 W. Balto St *Address,* 394 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73296 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gertrude Merriken

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, No 67 S. Wolf st

Place of Death, {Give street and Number.} No 67 S. Wolf st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicemia

Duration of Last Sickness, Six days

the above information should be furnished by the Physician.

Place of Burial, Sweet home Cem.

Date of Burial, Feb 16th 1884

Undertaker C F Evans

Place of Business, 24 Watson

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73296 *Office of Registrar of Vital Statistics.* **Ward** 15

HEALTH DEPARTMENT FEB 15 BALTIMORE

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} No 233 Caroline St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 16th 1884

Undertaker M. Clarke & Sons

Place of Business, 92 S. Sam St

J. S. Clarke M. D.

Medical Attendant.

Address, 237 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73297 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Holland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 15 *Months,* ..... *Days,*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 37 High alley.

Cause of Death. First (Primary), Burn —

Second (Immediate), Jaundice

Duration of Last Sickness, 2 Months.

the above information should be furnished by the Physician.

Place of Burial, St Dominic's Cemetery

Date of Burial, Feb 15

Undertaker Henry W Sisson

Place of Business, 8 N Central Ave

J J Gross M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...y requested to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73298 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Gibson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 23 *Years,* — *Months,* — *Days,*

Color, (Col'd)

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 22 years

Place of Death, { Give street and Number. } No 72 N. Spring St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 17.

Undertaker J. L. Locke

Place of Business, 73. Jefferson St *Address,* 238 S. Exeter St

Jno. G. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73299 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ February 14th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paulina Kalenski

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* 29 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 3 yrs

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} 18 Burrough St.

Cause of Death. First (Primary), Child-birth (Arm-shoulder Presentation)

Second (Immediate), Metritis (from cold)

Duration of Last Sickness, 17 days since child-birth — 30 Days from metritis

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, February 16

Undertaker B Hall

Place of Business, 82 West St.

Robert T. Rowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73900 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Burkhart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months.* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 42

Place of Death, {Give street and Number.} 4 Weber Pl

Cause of Death, First (Primary), Unknown (seen only just before demise)

Second (Immediate), Heart & Lungs (paralysis of)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphas C.

Date of Burial, Feb 17

Undertaker B. Mark

Place of Business, 52 West H

R. W. P. Ellis M. D.
Medical Attendant.

Address, 313 Lyle Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7330 1 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 65 yrs.

Place of Death, {Give street and Number.} 123 Gough St.

Cause of Death, First (Primary), Senile debility

Second (Immediate), "

Duration of Last Sickness, Increasing debility for several months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 17th 84 E. P. Irons M. D.

Medical Attendant.

Undertaker G. Frame

Place of Business, Dorsey & Wells Address 875 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73302 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry E. Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 394 E Fayette St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 16th 84

Undertaker Frey & Son

Place of Business, 17 N Broadway

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73303 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick C. Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 468. N. Washington St

Cause of Death, First (Primary),

Second (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb 16th 1884

Undertaker Henry K. Mears

Place of Business, 46 N. Gay St

F. G. Connelly M. D.

Medical ~~Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 73304 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Selwyn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Battery

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis (Diphtheritic

Duration of Last Sickness, (recovered from diphtheria ten days ago.) Paly two days.

the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Feb. 14

Undertaker B. Gallagher

Place of Business, 42 West St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 73305 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oahu M. Mc Casey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 8 Winans Row

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 17 1884

Undertaker John Sullivan

Place of Business, No 15 Exchange St

O A Cosko *M. D.*
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73306 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Ann H. Baldwin

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 64 — *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } 335 Madison Avenue

Cause of Death, First, (Primary,) Gastro-Intestinal Catarrh with Hepatic Obstruction

Second, (Immediate,) Occlusion of Hepatic duct, Jaundice + General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 17th 84

Undertaker, Wm Jenkins & Son

Place of Business, Park Ave

J B Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 7320 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th "84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schmitt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years 348

Place of Death, {Give street and Number.} ~~348~~ Penna Ave

Cause of Death, First (Primary). Organic Disease Heart

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 17 Feb

J. H. Keller M. D.

Medical Attendant.

Undertaker Walter Grimm

Place of Business, 315 W Baltimore *Address,* 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 73308 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Kirkwood

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Shipwright

Birthplace, { State or country, and how long in the United States, if of foreign birth } Washington

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 22 Hamburg

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Uremia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 17th 1884

H. W. Mebrlet M. D.,
Medical Attendant.

Undertaker, Ammerman

Place of Business, 263 Light *Address,* 57 Warren

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73359 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Gloss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brick-layer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} No 3. Bantuto St

Cause of Death, First (Primary),

Second (Immediate) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 18 1884

Undertaker ~~183 Columbia Av~~ M. J. Dise

Place of Business, 183 Columbia Av

M. D.

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7883 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Obrien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 11 S Eutaw St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 16 1884

Undertaker F. Krause & Son

Place of Business, *Address,* 146 Hanover St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13311 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 12 Temple St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 mo

All the above Information should be furnished by the Physician.

Place of Burial, Asbury

Date of Burial, Feb 16

Undertaker, W. H. Madeira

Place of Business, 40 East St

Geo. L. Kinnan M. D.,
Medical Attendant.

Address, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7331 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patk Hyland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~Canada~~ Hack Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, Seven (7) Years.

Place of Death, {Give street and Number.} 4 N. Paca Street

Cause of Death, First (Primary), Phthisis.

Second (Immediate),

Duration of Last Sickness, Five (5) Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feb. 17 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 329 N. Eutaw St.

H. L. Grim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7313 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore A. Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cabinet maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia 34

Duration of Residence in the City of Baltimore, Thirty Five Years.

Place of Death, {Give street and Number.} Belair Avenue, opp. Wesleyan

Cause of Death, First (Primary), Fortuy Derange

Second (Immediate), Iodopathic Apoplexy

Duration of Last Sickness, Dont Know

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17th

Undertaker Geo. Schilling

Place of Business, Ashland Lyman

J. F. Martenet M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73314 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lallen B. Rogers.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md.

Duration of Residence in the City of Baltimore, 1 yrs.

Place of Death, {Give street and Number.} 122 S. Howard St.

Cause of Death, First (Primary),

Second (Immediate). Diphtheritic Laryngitis

Duration of Last Sickness, under Treatment 1 day. (Supposed to have been sick 3 or 4 days

the above information should be furnished by the Physician

Place of Burial, Anne Arundel Co Md

Date of Burial, January 25th

Undertaker Wm J. Tiedeman

Place of Business, 65 S. Eutaw St *Address,* 15-2 Sharp St.

P. J. H. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 73313 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Leabert

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary), Cancer of Rectum

Second (Immediate), Asthenia

Duration of Last Sickness, Three months

All the above info mation should be furnished by the Physician.

Place of Burial, West Pub County

Date of Burial, Feby 9 / 1884

Undertaker Fred'k A Kerchner

Place of Business, 129 Arlington Ave *Address,* University Hospital

F West M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 73316 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J le Rowe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} 1

Age, about 60 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower? {Cross out the word not required in this line.} Unknown

Occupation Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 11 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Multiple Sarcoma

Second (Immediate), asthenia

Duration of Last Sickness, 11 Days

All the above Information should be furnished by the Physician.

Place of Burial, Gloucester C. Va

Date of Burial, T

Undertaker Fred A Keehner

Place of Business, 129 Arlington Ave *Address,* University Hospital

Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Sent to Norfolk, Va.

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[t]

Board of Health, City of Baltimore.

Permit No. 73317 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Body found July 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 30 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Body found off Norfolk Wharf Cantons

Cause of Death, First (Primary), Accidentally Drowned (Supposed)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E O

Date of Burial, Dec 15

Undertaker C Ruschaupt

Place of Business,

Nath C. Morfit M. D.

Coroner E. O. ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 73318 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb' 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac S. Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md a Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Lexington & Stricker Sts

Cause of Death, First, (Primary,) Obscure brain disease

Second, (Immediate,) Chronic Gastritis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Feb 17th 1884

Undertaker, John S. Mackie

Place of Business, No 180 Camden

J. H. Wilson M. D.,

Medical Attendant

Address, 251 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78319 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 5:30 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Gray

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washing & Ironing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hagerstown Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 92 E. Pratt St.

Cause of Death, {First (Primary,) Senility

Second (Immediate,) One (1) year.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1887

Undertaker, M. L. Gadon

Place of Business, 63 Park Ave

Edward M. Post M.D.
Medical Attendant.

Address 199 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 73320 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant not named. Parents—{Jacob Kemp / Henrietta Kemp}

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 734 Penna Ave

Cause of Death. First (Primary), Premature Birth

Second (Immediate), Marasmus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Leland Green

Date of Burial, Feb 16

Undertaker S F Kemp

Place of Business 734 Penna Ave

D. G. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7332 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Corbin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #23 Vincent alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #23 Vincent Al

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Ramah

Date of Burial, Feb 7th 1884

Undertaker, Wilson & Young

Place of Business, No 62 East St

A C Pole M. D., Medical Attendant.

Address, 801 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 733 22 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine C Brayden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 2 *Days,*

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

Color, wht

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 251 Druid Hill ave

Cause of Death, First, (Primary,) Pedious labor

Second, (Immediate,)

Duration of Last Sickness, 2 days all its life

All the above Information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, July 16th 1884

Undertaker, Charles Bowen

Place of Business,

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73323 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann McNally

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 84 Rear Alley.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apnoea — Asthenia also

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Old Catholic

Date of Burial, Feb 17

Undertaker, Walter Immel

Place of Business, 316 N. Bidde[illegible] *Address,*

Robt T. Wilson. M.D.
#152 Park Ave ~~M.D.~~
Medical Attendant.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73324 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15 84.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Hodges

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Ann Arundel Co Md

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 10 months

Duration of Residence in the City of Baltimore, 146 Hanson Ave

Place of Death, {Give street and Number.} Phthisis Pulmonalis

Cause of Death. First (Primary), "

Second (Immediate), 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Millersville Anapyndal Co

Date of Burial, Feb 16 Thos Opie M. D.

Medical Attendant.

Undertaker G H Blizzard

Place of Business, 1988 Pa ave *Address,* 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 73325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Six months.

Place of Death, {Give street and number.} St. Vincent's Infant asylum

Cause of Death, First, (Primary.) Labor at term - Depressed Pelvis - Exhaustion

Second, (Immediate.) Hemorrhage -

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus Cemetery

Date of Burial, Feb 17/84

Undertaker Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Barnum. Catonsville

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73526 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb - 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ball

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days,*

Color, Colored -

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md -

Duration of Residence in the City of Baltimore, 40 yrs -

Place of Death, {Give street and Number.} 87 Orchard st

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb. 17. 1884

Undertaker, S. W. Eshan

Place of Business, 198 S Howard

Chas. D. Riley M. D., Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73327 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Feby 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs L. Spies

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} No 2858 Shot St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 17 1884

Undertaker Armstrong Bro

Place of Business, 263 Lexington *Address,* 207 Hanover St

A. M. Woods M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 73328 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kahl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. } Married

Occupation Tanner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and Number. } 10 Greenmount Ave.

Cause of Death, First (Primary), Old age.

Second (Immediate),

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Bulls Cem.

Date of Burial, Feb 18/84

Undertaker M. Ch. Weber

Place of Business, 60 Greenmount Ave. *Address,* 238 E. Monument

John R. Corman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7832 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A. Stubb

Sex, Male or Female. { Cross out the word not required in this line. } Female

Age, One (1) *Years,* Seven (7) *Months,* Fourteen (14) *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 67 O'Donnell St

Cause of Death, First (Primary). Capillary Bronchitis

Second (Immediate). Asthenia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18/84

Undertaker Fry & Son

Place of Business, 21 & Broadway

I. W. Stout M.D.
Medical Attendant.

Address, 67 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec... Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 73330 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Koenig

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 66 *Years,* 8 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ~~Lifetime~~ 32 years

Place of Death, { Give street and Number. } 5 Donohue's Court

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 18

Undertaker, W. Dixgill

Place of Business,

Thos. F. Shaw M. D.,
Medical Attendant.

Address, 44 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec[illegible] Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore.

Permit No. 73331 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

Date of Death, February 16th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Le Paule

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Cigarmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} N. E. cor Hanover & Cross St. Res. same

Cause of Death, First (Primary), Congestion & malaria

Second (Immediate), Pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18th

Undertaker Henry Briele

Place of Business, Henrietta 81

Jno H Smith M. D.
Medical Attendant.

Address, 281 E. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec[illegible] Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

Permit No. 73332 *Office of Registrar of Vital Statistics.* **Ward** 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. W. Prescott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 1. *Months,* 11. *Days,*

Color, C

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Liberty Road

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Liberty Road

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1884

Undertaker Alf Kennedy

Place of Business, *Address,*

G. H. Ames M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73383 *Office of Registrar of Vital Statistics.* Ward 13 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Wynn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~———~~ *Years,* 11 *Months,* ~~———~~ *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widowed or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 93 Dover St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) & Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Feby 17th

Undertaker, Hanson & Mann

Place of Business, #12 Hamilton St

H Nelson M. D.,
Medical Attendant.

Address, Ball & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7332

Board of Health, City of Baltimore.

Permit No. 7333-f

Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

Date of Death, Feb 14 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hamilton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days,*

Color, D

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and Number. } 12 N Hamilton St

Cause of Death, First (Primary), Hemorrhage

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 17 1884

Undertaker Hansen & Watson

Place of Business,

Geo. N. Jenson M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 73335 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

Date of Death, February 15th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Kebber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Milliner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and Number.} 457 N. Baltimore St.

Cause of Death, First (Primary), Climacteric Period.

Second (Immediate), Apoplexy

Duration of Last Sickness, about one hour.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Feb 18

Undertaker A Rohde

Place of Business, 48 Penna ave

Edward R. Hardi M. D.
Medical Attendant.

Address, 248 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3561

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73336 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Lambden

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* *Days,*

Color, C C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 Cloud ct

Cause of Death, First (Primary),

Second (Immediate), Dentition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 17 '84

Undertaker L. Davis

Place of Business,

Geo. T. Gwynn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73337 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

Date of Death, Feby 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Russell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 11 Valley Street

Cause of Death, First (Primary), Puerpal State

Second (Immediate), Septicaemia

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Feb 18 1884

Undertaker James P Byrne

Place of Business, No 63 N Howard St

E. W. Sloan M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 73338 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

Date of Death, Feb 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Collier

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Sterling St N 162

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 17 1884

Undertaker Williams Bowen

Place of Business No 62 East St

O'C Mahon *M. D.*
Medical Attendant.

Address, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73339 *Office of Registrar of Vital Statistics.* Ward 4 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. L. Ettings

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* / *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baby.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Life-time

Duration of Residence in the City of Baltimore, 47 N. High St.

Place of Death, {Give street and Number.} Malarial Fever.

Cause of Death, First (Primary), Congestion of the base of brain

Second (Immediate), 2 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 17 1884

Edwd. P. Mudd M. D.
Medical Attendant.

Undertaker Jas P Byrne

Place of Business, 62 [redacted] *Address,* 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73340 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hackett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 1 *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 25 East St (in Rear)

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Feb 17 1884

Undertaker W. M. Bunce

Place of Business, East St

Geo. R. Dixon M. D.

~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13341 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hafpy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and Number.} 924 N. Bond St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 19 1884

Undertaker, John Lake

Place of Business, 166 Park Ave

Emmet Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 73342

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. E. Hitchens.

Sex, ~~Male or~~ Female, {Cross out the word not requtred tn thts ltne.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not requtred tn thts ltne.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Summerset Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 418 E. Orleans St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furntshed by the Physlctan.

Place of Burial, Manchester Cemy

Date of Burial, Feb 19/84

Undertaker, Fry & Bro

Place of Business, 512 Broadway

Geo Bartemeier M.D.,
Medtcal Attendant.

Address, 386 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73543 *Office of Registrar of Vital Statistics.* Ward 16-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 256 Hanover

Cause of Death, First, (Primary,) Menales

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 19

Undertaker, B Flake

Place of Business,

Wm Webster M. D.,
Medical Attendant.

Address, 54 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73344 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Heinz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 504 Light St

Cause of Death,
First (Primary), Chronic Croup
Second (Immediate), ...

Duration of Last Sickness, 36 hours

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, Feb 18

Undertaker B Hall

Place of Business, 52 West H.

Wm. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73345 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 17. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Wilhelm

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 13 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 12 John St.

Cause of Death. First (Primary), Marasmus

Second (Immediate), Constriction

Duration of Last Sickness, Six months

the above Information should be furnished by the Physician

Place of Burial, St Alphonsus Centers

Date of Burial, Febr 18, 1884

Undertaker Henry Hoen

Place of Business, 209 Central Ave *Address,* Balt. & Wash. St.

G. G. Kusk *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73346 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 17th 1884 - 3.30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lorain C.F. Summers

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 4 *Months,* -- *Days,*

Color, White -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City -

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 10 Hull St. East Fair

Cause of Death, First (Primary), Morbilli

Second (Immediate),

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, Febru 18

Undertaker B. Hurle

Place of Business, 42 West St

C.F. Smith M. D.
Medical Attendant.

Address, 5 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 7334 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thirty Sixth 17 February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 *Years,* 10 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unmarried

Occupation Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 1 W Fayette St 397

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Feb 19 1884

Undertaker G Zumbeck

Place of Business, 389 W Pratt

L. F Reinhart M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 73346 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rhodie A. Sevier

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 13 *Months,* 16 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 7 S. Howard st

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Gownsville, A. A. Co.

Date of Burial, Feb. 18/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 682 W. Fayette

W. R. McKinney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7324 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Boyle.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 45 to 50 yrs.

Place of Death, { Give street and Number. } 1. S. Howard st.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate) Coma

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feb, 19 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 134 N Carrollton Ave

Joshua D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 73360 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes K. Street

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 462 N. Mount

Cause of Death, First (Primary), "Measles"

Second (Immediate), "Pneumonia"

Duration of Last Sickness, Three weeks

All the above info mation should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb. 18/84

Undertaker J. Brook

Place of Business, 707 E. Balto St *Address,*

J. F. Smithcum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 18 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Effie Gray Gauntlett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 3 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 674 W Lombard St

Cause of Death, First (Primary), "Pneumonia"

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park,

Date of Burial, Feb. 18/84

Undertaker J.B. Cook

Place of Business, 707 W. Balto St. *Address,*

J. G. Luthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

141

Permit No. 73362

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam Howard

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 80 *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia Richmond

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 30 Wagon Alley

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Feb 19 1884

Undertaker, Wilson N Benger

Place of Business, No 62 East St

..... *M.D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Superintendent will refer to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73563 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lefetime

Place of Death, {Give street and Number.} No 19 Gorsuch alley

Cause of Death; First, (Primary,)

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 5 or 6 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 1884

Undertaker, Wilbur Burger

Place of Business, No 628 E. Pratt

D. W. Warner M. D.,
Medical Attendant.

Address Corner Gorsuch & Linden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73367 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Fillerjan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 9 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Helper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 117 N. Louisiana

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 19

Undertaker W. A. Dwyer

Place of Business,

D. Streett M. D.
Medical Attendant.

Address, 143 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 18855 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Sarah Jamison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 79 McKim st.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 18th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno. Burke Boyle M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 13356 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Quirk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 190 E. Eager St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 18th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno. Brunett Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 17th, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanora F. Josenhans

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 31 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 807 N Paca St

Cause of Death, First (Primary), Disease of Kidney & Heart

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, Feby 20th 1884

Undertaker Enoch Pratt

Place of Business, 227 W Fayette St *Address,* 319 N Gilmor St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73367 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Rudgaway

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* 2 *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queenstown Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 86 Hill st

Cause of Death, First, (Primary,) Tuberculosis of the Lungs

Second, (Immediate,) Dea[illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Queenstown Md

Date of Burial, Feb 19th /84

Undertaker, C. F. Krause & Son

Place of Business,

R. G. Rankin M. D.,
Medical Attendant.

Address, Waverly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co

Board of Health, City of Baltimore,

Permit No 7335 9 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Elizabeth Streib

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 44 Randal St

Cause of Death, First (Primary), Measles

Second (Immediate), Capillary Bronchitis & Croup

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial St Peters Cem.

Date of Burial, Feb 19th 1884

Undertaker C. F. Evans & Son

Place of Business,

Louis Chas Hom M.D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 73360 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17/84

Full Name of Deceased, { While legibly and spell correctly. If an Infant not named, give names of parents. } Lucy M. Queen

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 10 *Days,*

Color, ed

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } Cor Central Ave & Monument

Cause of Death, { First (Primary), Second (Immediate). } Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feby 19/84

Undertaker Mr. H. Madeu

Place of Business,

Thos. F. Dawson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7336 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Feb! 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Reckleis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 20 *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 656 W Pratt St.

Cause of Death, First (Primary), "Pneumonia"

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 18

Undertaker L Hans

Place of Business,

S. G. Smithson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore.

Permit No. 73362 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~William~~ Mary Hartfield

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 10 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 61 Buck

Cause of Death, First (Primary), Dysentery

Second (Immediate), ...

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb. 18th 1884

Undertaker Wm Saunders Son

Place of Business, 252 Eastern Ave *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73363 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb. 17th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Jno Hale

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 83 Cambridge St

Cause of Death, First (Primary), Nerv Disease, United Chorea

Second (Immediate), L Pneumonia

Duration of Last Sickness, 8 Days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 19th 1884

Undertaker Wm Sander & Son

Place of Business, 252 Canton Ave *Address,* 128 Park ave

Wm. H. Arnold, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 13364 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

~~Date of Death~~ Name, Maime J. Roach

~~Full Name of Deceased~~ Date, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Feby 17' 84. P. M.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 Years, — Months, — Days,

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single.

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 357. Hollins st

Cause of Death, First, (Primary,) an attack of Pneumonia last fall

Second, (Immediate,) Rapid Tuberculosis

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 19th 1884

{ Undertaker, J. C. Frank Coun & Co

{ Place of Business, 538 W. Fayette st Address, At 3 Lemyton

A. H. Barton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73366 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 12 ~~Pear~~ alley Mosher St

Cause of Death, First, (Primary,) General debility

Second, (Immediate.) " "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feby 19th 1884

Undertaker, M. Clarke & Sons

Place of Business, 9 N. Ann St

B B Brown M. D.,
Medical Attendant.

Address, 387 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...pecial attention is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 73366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Sidney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, {Give street and Number.} 1 Patapsco Ave

Cause of Death, First, (Primary,) —

Second, (Immediate) Disease of the heart

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Feb 18 1884

Undertaker, L. Davis

Place of Business, 15 Conway

Chas. A. Bell M. D., Medical Attendant.

Coroner

Address, 181 So. Stan 87

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7336 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Lee.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Saratoga Sts. Nr. Davis St.

Cause of Death. First (Primary),

Second (Immediate), Pyaemia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feb. 18th 1884

Undertaker L. H. Glass

Place of Business 198 S. Howard

B. S. Titcomb, M. D.
Medical Attendant.

Address, 616 W Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73368 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 17th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Bassil

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 150. Henrietta St.

Cause of Death, First (Primary), Convulsions from a fall

Second (Immediate), Coma et Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys St Louis

Date of Burial, Feb 20th 1884

L. D. Lyles M. D.
Medical Attendant.

Undertaker J. H. Chase

Place of Business, 198 S. Howard *Address,* 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73369 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. Feb. 14th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene M. Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 21 *Days,*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 78 S. Chester St.

Cause of Death, First (Primary), Whooping Cough

Second (Immediate). Capilary Bronchitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial Old Methodist Cemetery Pulaski Road

Date of Burial, February 18th 1884

Undertaker M. C. Daisy

Place of Business, 74 S. Broadway

E. P. Bruns M. D.
Medical Attendant.

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febenary 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Maud Rockle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 411 East Pratt Street

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb. 20th 1884

Undertaker M. A. Daiger

Place of Business, 74 S. Broadway

James L. McShane M. D.
Medical Attendant.

Address, 417 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 17 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Loughrey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 18 Jones Alley

Cause of Death, First (Primary), Marasmus

Second (Immediate). Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Feb 1884

Undertaker J J Lieb

Place of Business, 273 Jefferson *Address,* 25½ Gilmor (illegible)

D H Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 3372 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Coates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation House-Servant

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Year

Place of Death, {Give street and Number.} 32 Pitty St.

Cause of Death, First (Primary), Dropsy

Second (Immediate), Meningitis et coma

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 18

Undertaker Geo M Berbuis

Place of Business,

T. D. Dee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7333 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* / *Months,* — *Days,*

Color, White.

Married, Single, ~~Widow[illegible]~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Diarrhea.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 19/84

Undertaker Frank McVeagh

Place of Business, Division & Monument *Address,* Harlem av, Baltimore.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 13374. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Riley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 19/84

Undertaker Mark McVey.

Place of Business, Divine & Jenkins, *Address,* Baltimore, Calvert.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73376 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} O H O'Connell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* 18 *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 2 mo

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 14 Low Street

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 19th 1884

Medical Attendant. Gordon Gordon M. D.

Undertaker Armstrong & Denny

Place of Business, 263 Light *Address,* 1467 Greenmount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore.

Permit No. 73376 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Waldon Mary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death. {Give street and Number.} 88 Chew st.

Cause of Death. First (Primary),

Second (Immediate), Spinal disease

Duration of Last Sickness, 15 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 19 1884

Undertaker Lan P Byrne

Place of Business, Front st

Jas. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7387 ; *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Kelly.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Diarrhea

Second (Immediate) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Blink

Date of Burial, Feb- /84

Undertaker Mark McVeagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Winchester Dunbar

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, At Home

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 29 Hamilton St

Cause of Death, First (Primary,) Croup & Colon

Second (Immediate,) asthenia

Duration of Last Sickness, Eighteen hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 20th 84

Undertaker, Hollenkamp & Sons

Place of Business, Park Ave & Saratoga St

W. F. Culbreth M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Tilghmeap

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Annis Co Md

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 44 Mt Vernon Place

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) ½ hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Asbury M E Cemetery

Date of Burial, Feb 19 1884

{*Undertaker,* Alf Kennedy

{*Place of Business,*

Thos J Ward M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 1288 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Downs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 85 Chestnut Ave

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 19

Undertaker M R Dungee

Place of Business,

Geo. H. Denson M. D.
Medical Attendant

Address, 80 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 73381 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Richards

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 102 S. Duncan alley

Cause of Death, First (Primary), Meningitis acute

Second (Immediate).

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 of Jul. 1884

Undertaker Henry Kraus

Place of Business, 13 S. Eden St.

R W Manfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73382 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Adams

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 59 Fairmount Ave.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Hydrocephalus

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Feby. 20/84

Undertaker W. A. Kaiser

Place of Business, 714 S. Broadway

G. G. Link M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 73383 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Breckenridge Morrison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 287 N. Caroline st

Cause of Death, First (Primary), Morbilli

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 9 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cy

Date of Burial, Feby 19/84

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker STUART & HOWELL UNDERTAKERS 84 Park Ave.

Place of Business, 84 Park Ave. *Address* 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to Rules Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73384 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Moz Chapman

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, Years, 8 Months. 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death. {Give street and Number.} 453 N. Calhoun St.

Cause of Death. First (Primary), Marasmus

Second (Immediate), 9

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 19th 1884

Undertaker J. B. Cook

Place of Business, 707 E. Balto. *Address,* 431 Penna. Ave

J. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 73383 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Hilly

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and Number.} 264 Prof. St

Cause of Death, First (Primary), Paralysis

Second (Immediate), General Debility

Duration of Last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 20th 84

Undertaker Armstrong & D

Place of Business,

H B Noble M. D.
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 13856 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 FEB 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Irons

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, — *Years,* 9 month *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland — —

Duration of Residence in the City of Baltimore, 9 month.

Place of Death, { Give street and Number. } 52 William av. [illegible]

Cause of Death, First (Primary), Teeth.

Second (Immediate) Convulsions

Duration of Last Sickness, two (2) weeks.

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 19 Feb

Undertaker Henry McSweeny

Place of Business, 58 Central av *Address,* 63 [illegible]

R. Dorsey Bare, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Directions below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7389 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. E. S. Irnart

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. } Male

Age, ——— *Years,* 2 *Months,* 13 *Days,*

Color, White

~~Married,~~ Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Hanover St near Spring Garden

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 19th "/84

Wm Gambel *M. D.*

Medical Attendant.

Undertaker C. F. Krauss & Son

Place of Business, 209 Hanover *Address,* 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18. 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest William Whitehorne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, twenty four *Years,* one *Months,* twelve *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kingston Jamaica

Duration of Residence in the City of Baltimore, less than three months

Place of Death, {Give street and number} 467 Lexington St -

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb. 21/94

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St.

Alfred Wandall M. D.

Medical Attendant

Address, 228 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 7338 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Ruppert

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* 7 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and Number.} 162 William St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Heart disease

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Feb 20

Undertaker B. Hearle

Place of Business, 162 West St.

Jno. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 73398 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ryan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 283 E. Balt St

Cause of Death, First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 Months

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 20th 1884

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7339 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Cunningham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 3 mo.

Place of Death, { Give street and Number. } 447 Hanover St.

Cause of Death, First, (Primary,) Inflammation of the bowels

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 19th

Undertaker, Jos. Schenker

Place of Business, 214 East Fayette *Address,*

Murphy Gorsuch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 73372 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanie Blanchard Gilman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 74 Years, ——— Months, ——— Days,

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Billerica Massachusetts

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give street and Number. } 95 W. Townsend

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 20th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Thomas Shearer M. D., Medical Attendant.

Address, No 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore.

Permit No. 73393 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm D Hobert Spencer Lilley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 1084 Monument Ave

Cause of Death, First (Primary), Croup

Second (Immediate), [illegible]

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, Feb. 19th 1884

Undertaker H. Sander & Son

Place of Business, 252 Eastern Ave *Address,* [illegible]

D. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73394 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

Date of Death, Feb. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ruddy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and Number.} #5 Plowman St.

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 20th 1884

Undertaker, C. McGinnis

Place of Business, 143 Plowman st

James F Steele M. D.,
Medical Attendant.

Address, 37 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Duration on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73395 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

Date of Death, feb. 15 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katharine Waldron

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation house-work

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } 16 h. Chapel St

Cause of Death, First (Primary), Aneurisma aortae

Second (Immediate), Ruptura aortae

Duration of Last Sickness, 1/2 month

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Feb. 20th 84

Undertaker G. Frank

Place of Business, Frank & Wolf *Address* 245 S. Eutaw St

J. Flattius M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73896 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday February 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearless Eliza Mary Marker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 14 *Months.* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 16 Arlington Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pleuro Pneumonia with effusion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Balto. Co.

Date of Burial, Feb. 21/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 561 N. Fayette St.

Summerhorn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...tion of this Certificate

Board of Health, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED FEB 19 1894 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bell V. Murdock

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 *Years.* 5 *Months.* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 469 W Lemmon St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park.

Date of Burial, Feb. 21/94

Undertaker D. B. Cook

Place of Business, 707 W Balto St *Address,*

A. K. Leech *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7339 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 481 W. Fayette St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 481 W Fayette St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Tuberculosis Meningitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb 19 1884

Undertaker, Geo B Lock

Place of Business, No 707 W. Baltimore St

..... M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73899 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1894 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sep 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gorsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor. cor Preston and Valley Sts

Cause of Death, First (Primary), Apoplexia

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sep 20th 1884

Undertaker Henry J. Chelthers

Place of Business,

Wm. Brooke Bayless M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73400 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McGuire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 28 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Epithelioma of Tongue

Second (Immediate), asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St peters

Date of Burial, Feb 20th

Undertaker John Gannon

Place of Business, Nothing stirring *Address,*

Frost, *M. D.*
Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and th, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73401 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 17th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Agustus Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} No. 59 Clockhouse Pl.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 Days.

the above information should be furnished by the Physician.

Place of Burial, Shurch St Cemetery

Date of Burial, Feb 20 1884

Undertaker Herd Bros

Place of Business, 95 Conway st

Wm. Eldridge M. D.
Medical Attendant.

Address, Cor. Columbia & Fremont sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73402 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

Date of Death, 19th Feb. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonore Ebeling

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 157 Mulberry st. Baltimore

Duration of Residence in the City of Baltimore, Life Long

Place of Death, {Give street and Number.} 157 Mulberry st Baltimore

Cause of Death, First, (Primary,) Cerebral spasm or Convulsions

Second, (Immediate,)

Duration of Last Sickness, 6th hours

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Feby 20/84

Undertaker, John Schuldheis

Place of Business, 157 & Mulberry St

Dr. Heldmann M. D., Medical Attendant.

Address, 120 Park st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Linere

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* 10 *Months,* ~~~ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Carlton St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) ~~~

Duration of last Sickness, during entire life

All the above information should be furnished by the Physician.

Place of Burial, Thorp St Cemetery

Date of Burial, Feb 20 84

Undertaker, Thomas Hanlon

Place of Business, 66 Sarah Anne St

J. G. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 13404 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gradon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months;* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, 8 Mo —

Place of Death, {Give street and Number.} 28 Ohio Ave —

Cause of Death, First, (Primary,) —

Second, (Immediate,) Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 20 1884

Undertaker, S W Chase

Place of Business, 78 Howard St

Wm. J. Bell M. D.,

~~Medical Attendant~~ Coroner 5th Dist

Address, 167 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 73405 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Manck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 327½ Pa ave

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 6 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feby 20 84

Undertaker, J. R. Brough Ho

Place of Business,

Caleb J Winslow M. D.,
Medical Attendant.

Address, 23 M Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73406 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Guttschalk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16. *Years,* — *Months,* — *Days,* 7

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 18 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 718 Eighth

Cause of Death, First (Primary),

Second (Immediate) Cirrhosis of the Liver & Dropsy

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mary Jonsies Cem

Date of Burial, Feb 21

Undertaker D Hardc

Place of Business, West St 82

Thomas Cordell M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73407 *Office of Registrar of Vital Statistics.* **Ward** ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary [illegible] Callahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Miss

Age, ... *Years,* ..... *Months,* 2 *Days,* Lons

Color, W. Latin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation ..... Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 30 Dawson St

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia bilateral

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Leisure

Date of Burial, February 20th

Undertaker Wm. J. Cooke

Place of Business, No. 73 Jefferson St.

J. W. Hancock M. D.
Medical Attendant.

Address, 75 E Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 73408 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, FEB 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary & John Callahan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 Mos *Da*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 30 Bank St

Cause of Death, First (Primary), ...

Second (Immediate). Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Asbury

Date of Burial, FEB 20

Undertaker E. J. Locke

Place of Business, ...

J. Fowler M. D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause a date of death, except in cases of births and deaths of illegitimate children. [OVE

Board of Health, City of Baltimore.

Permit No. 7340 9 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Talicaferro

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months.* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 Arlington Avenue

Cause of Death, First (Primary), ...

Second (Immediate), Capillary Congestion

Duration of Last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 20 1884

Undertaker Wm. H. Deane & Co

Place of Business, 538 W. Fayette St

C. P. Hoffman M. D.
Medical Attendant.

Address, 299 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7340 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hesekiah Hatton

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 4 Walker's Court

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 20 1884

Undertaker W W Maddox

Place of Business, 46 East St

J. H. Guy M. D.
Medical Attendant.

Address, 137 Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73411 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sonsa Coleman

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow

Occupation, House Woman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and Number. } East St No 31

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate,) ———

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Feb 20 1884

Undertaker, W W Madden

Place of Business, 46 East St *Address,* —

P E Gross M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, also to the Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7341/2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry C Jefferson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } M

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single ~~Widow or Widower~~

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 16 St Mary St

Cause of Death, { First, (Primary,) Capillary Bronchitis / Second, (Immediate,) .....

Duration of Last Sickness, Seven days

All the above Information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Feb 20 1884

Undertaker, Alt Hemsley

Place of Business, ...

I E. Atkinson M. D.,
Medical Attendant.

Address, 128 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Facts Enumerated on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73413 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

Date of Death, February 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hues

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* ~~*Days,*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 90 Lancaster St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, Four weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtery

Date of Burial, Feby 20th 1884

Undertaker Wm Nicolaus

Place of Business, 238 Alice Ann

Thomas J. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7344 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Valentine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Fourteen *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Supposed to have been drugged before admission to the Hospital

Second, (Immediate,) Coma from opium poisoning

Duration of Last Sickness, Only in Hospital about 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 19

Undertaker, G H Blazier

Place of Business, 192 Penn ave

T. A. Ashby M. D.,
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73416 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret M. Tully

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 85 Cary & Cumberland

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 8 Days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Febn 20

Thos. Latimer M. D.
Medical Attendant.

Undertaker Walter Lemmon

Place of Business, 315 W. Baltimore St. *Address,* 371 Eutaw Place

Extract from the Ordinance of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it ordained, That whenever any person shall die in the said city, it shall be the duty of the attending physician during last sickness, or the Coroner, when the case comes under this notice, to furnish within twenty-four hours to the undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained the color, condition (whether married or single) of the person deceased, and the cause and duration of the last sickness, and the number of legitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73416 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wm Schalter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 137 S. Stricker

Cause of Death, First (Primary), Meningitis

Second (Immediate), Spasms

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 20/84

Undertaker J. R. Cook

Place of Business, 707 W. Balto. St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7347 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Griffith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 252 Columbia Avenue

Cause of Death, First, (Primary.) Acute Articular Rheumatism,

Second, (Immediate.) Endocarditis,

Duration of Last Sickness, 2 weeks,

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, Feb. 21st 1884

Undertaker, Jos. B. Cook,

Place of Business, No 707 N. Baltimore Street

C. H. Jones M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73418 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T Nichols

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Ship Caulker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 130 Hamburg st

Cause of Death, First (Primary), Asphyxia

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 21st 1884

Undertaker Armstrong Bros H W Webster M. D.

Medical Attendant.

Place of Business, 26 Light *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13419 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gasper W. Finck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 7 *Months,* 20 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and Number.} 333 Hamburg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 22d 1884

P. W. Kohler M. D.,
Medical Attendant.

Undertaker, Ernst Schlomas

Place of Business, 181 Sharp St *Address,* 146 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 7342D *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Febuary 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret F Robbins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 15 *Months,* 25 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} h W Cor Ford & William

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Corn

Date of Burial, Feb 21 1884

Undertaker C F Krause & Son

Place of Business,

H W Welch M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7342 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 12 M 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Holton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 29 Streeper St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 20th

Undertaker W. Leppel

Place of Business, 151 S. Bond

J. E. Prichard M. D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 73422 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Logan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 248 N. Carrollton Ave

Cause of Death, First, (Primary,) Acute Pleuro Pneumonia

Second, (Immediate,) Heart Paralysis -

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 22d 1884

Undertaker, Dan'l Byrne

Place of Business, Frederick *Address,* 206 N. Carrollton Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73428 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura F. Arnold

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 4 *Months,* 28 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 197 George St

Cause of Death, First, (Primary,) Dropsy due to valvular disease of heart Caused by (mitral + aortic valves involved)

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 7 Months (Had heart disease for last 2 years)

All the above information should be furnished by the Physician.

Place of Burial, Pikesville

Date of Burial, February 22, 1884

Undertaker, Wattau & Cadogan

Place of Business, 227 W. Baltimore St

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7342 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 21 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 19th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Planter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 8 *Months,* 10 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation School

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 83. goodman alley

Cause of Death, First (Primary), Tabes-Mesenterica. hereditary

Second (Immediate), Cerebral-Meningitis. coma

Duration of Last Sickness, 6. weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 21

Undertaker H Ross

Place of Business,

L. D. Gross M.D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Permit No. 23425

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Napier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Falls St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, two or three days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Feb 21 1884

Undertaker, James & Byrne

Place of Business, No 63 N Front St

Wm. S. Love M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13426 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Melvin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 15 ~~Pl~~ Perry Sh

Cause of Death, First (Primary),

Second (Immediate) Dysentery

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 21st 1884 Thomas Lord Te M. D.

Medical Attendant.

Undertaker F Krause

Place of Business, Hanover st *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73427 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Turner

Sex, Male or [redacted], {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Nine *Days,* .....

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 15 Scott St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 15 Scott St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Effusion in the Brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Twenty first

Undertaker, John F Bowan

Place of Business, Collins proprietor

B E Phillips M. D.,
Medical Attendant.

Address 311 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13428 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Retired

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Maltby House Pratt st

Cause of Death. First (Primary), Cardiac Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 22nd 1884 H. W. Webster M. D.

Medical Attendant.

Undertaker Henry J Mitchell

Place of Business, 65 S Broadway *Address,* 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7329 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Adaline A. Dorbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Six *Years,* Three *Months,* Seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 121 Bank Street

Cause of Death, First (Primary), Paralysis

Second (Immediate). Congestion of the Brain

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, February 22nd 1884 Wm. A. Clendiner M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 75430 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20/1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. E. Gill

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Saddlery Ironmes

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 336 W. Pratt St

Caus of death, First, (Primary,) Schirrus of mamma

Second, (Immediate,) Asthenia

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 22 [illegible]

Undertaker, John S. Meacham

Place of Business, No 150 Camden

R. W. Mifflin M. D.,

Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3731 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Henry Irving

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 16 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Delaware

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 13 Jordan al

Cause of death, First, (Primary,) measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, Feb 21st 1884

Undertaker, J J Locke

Place of Business, 473 Jefferson st

R. Winslow M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ~~Back of~~ this Certificate

Board of Health, City of Baltimore.

Permit No. 73482 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbery Jones

~~Sex, Male or~~ Female. {Cross out the word not required in this line.}

Age, 89 *Years,* *Months.* *Days,*

Color, M

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death. {Give street and Number.} 1114 Baltimore

Cause of Death. First (Primary), Pulmonary consumption

Second (Immediate), Exhaustion.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 22

Undertaker B Kane

Place of Business.

A. M. Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 33433 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Perkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 66 Henrietta St

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 21

Undertaker Geo W Perkins

Place of Business, ...

Geo. H. Bunn M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73437 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Mozelle Delaney.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 4 *Months,* ..... *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 137 N Strieker St.

Cause of Death, First (Primary), Measles

Second (Immediate), Subacute Bronchitis,

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 22nd 1884

Undertaker Denny & Mitchell

Place of Business, 53 W. Fayette St

John L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73436.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Thomas

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow or Widower;* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 25 Elbow Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, 21st Feby

Undertaker, H. Roth

Place of Business, Cor S. Paca & Cem'y

R. C. Smith M.D.,

Medical Attendant.

Address, 166 Lexington Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 73436 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2y. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk Newman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 5 *Months,* — *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Germany

Duration of Residence in the City of Baltimore, Sixty-Two yrs.

Place of Death, {Give street and Number.} 295 W. Pratt St. Baltimore Md.

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness, Four months

the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, February 20 1884

G. G. Rush M. D.
Medical Attendant.

Undertaker Henry Hook

Place of Business, 203 W Pratt St *Address,* 392 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3737 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, All years

Place of Death, {Give street and Number.} 198 Hurst St

Cause of Death, First, (Primary,) Heart Failure

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Felix Cem

Date of Burial, 22nd Feb 1884

Undertaker, D. Fleming

Place of Business, 109 Hurst

Geo. H. Jenne M. D., Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7348 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Mary Adams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, about 55 years

Place of Death, {Give street and Number.} Church Home, Infirmary & Broadway

Cause of Death. First (Primary), Marasmus

Second (Immediate), Debility

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, St Clairsville Ohio

Date of Burial, Feb 22

Undertaker W A Dargan

Place of Business,

F. D. Stevens M. D.
Medical Attendant.

Address, Church Home, Infy & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73489 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Gibson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ~ *Months,* ~ *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Rigger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newbern N.C.

Duration of Residence in the City of Baltimore, abt 50 Years

Place of Death, {Give street and Number.} 176 Gough Street

Cause of Death, First (Primary), Fracture of Skull from accidentally falling down the hold of Str Kennedy

Second (Immediate),

Duration of Last Sickness, abt 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 21 1884

Undertaker M A Daige

Place of Business, 74 S Bway

Chas M. Morfit M. D.
Medical Attendant,
Address, 62 East Galtz St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Items to be Noted, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73448 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Edgar Kavanaugh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 9 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #10 Patterson Park Avenue [North]

Cause of Death, First, (Primary,) Bronchitis followed by Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 24 / 84

Undertaker, M. A. Daiy

Place of Business, 94 S. Bro

Samuel J. Fort — M. D.,
Medical Attendant.

Address, 361 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 7344 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dashiells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and Number.} Mon Eutaw & Fayette Sts

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, a year or two

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23d 1884

Undertaker Henry H. Mears

Place of Business, 45 N Gay St

R. W. Cathell M. D.
Medical Attendant.

Address 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 13446 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Pryor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} Home 144 Greenmount Ave

Cause of Death, First (Primary), Senile debility

Second (Immediate), Paralysis Heart (?)

Duration of Last Sickness, About 1 month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 21st

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount ave

J. A. Pleasants M. D.
Medical Attendant.

Address, 154 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78443 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minerva Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 60 Years

Place of Death, {Give street and Number.} 51 Elbow Lane

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb. 22nd 1884

Undertaker, B. W. Veazey

Place of Business, 198 S Howard

J. B. White M. D., Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 134014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty three *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. County Md.

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} 91 Orchard St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Embolism of pulmonary artery

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Feb. 21st 1884

Undertaker, Saml W. Chase

Place of Business, 195 S. Howard st *Address*

C. H. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73440 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Dough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} No. 145 S. Chas. St. 1st Ward

Cause of Death. First (Primary),

Second (Immediate), Measles

Duration of Last Sickness, 11 days

All the above Info matter should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb. 22nd '84

A. Labadie *M. D.*
Medical Attendant.

Undertaker G. Francis

Place of Business, Bank & Wells *Address,* 237 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 73446 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilhelm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} widower

Occupation Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Asphyxia

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Feb 2 1884

Undertaker G. Evans

Place of Business, Bank & Water *Address,* 188 N. Calvert St.

Oscar J. Hostery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73447 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fredrick Shucks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ~~———~~ *Years,* 7 *Months,* 20 *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

Occupation N

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 4 Harris Alley

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 4 Harris Alley

Cause of Death, First (Primary), ~~Inflamation of the Bowels~~ Gastritis

Second (Immediate), Spasm

Duration of Last Sickness, 30 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Feb. 22. 1884

Undertaker H. Saunders Son

Place of Business, 252 Canton Ave

J. E. Prichard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73448 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Jefferson Lapsley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } W. 116 S. Carolina st

Cause of Death, First (Primary), Intestinal obstruction

Second (Immediate), Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Butts. Cem.

Date of Burial, Feb. 22. 1884

Undertaker W. A. Saunders & Son

Place of Business, 252 Caroline Ave

L A Whitbeck M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 3247 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, FEB 19

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Perry Sheaf

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore

Place of Death, { Give street and Number. } 33 Commerce Ln

Cause of Death, First (Primary),

Second (Immediate) Asthma

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 22

Undertaker Jr H Dungee

Place of Business,

Geo. R. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 73408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20 . 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Smith N Draper

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 65 *Years,* N *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Drug Clk.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 65 Yrs

Place of Death, {Give street and number.} 208 Franklin St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cy.

Date of Burial, July 22/84

Undertaker, [illegible]

Place of Business, [illegible]

A Atkinson M.D.,

Medical Attendant.

"

Address, 119 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 73461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Heinke

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 185 N. Bethel St

Cause of Death, First, (Primary.) Pulmonic duplex

Second, (Immediate.) Oedema pulmonum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemet

Date of Burial, Feb 22 1884

Undertaker, John Hennig

Place of Business, 352 Aliceanna St

F Hatties M.D.,
Medical Attendant.

Address, 214 S Bethel St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 23702 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Davis Mothers name

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Duncan Alley

Cause of Death,
First (Primary), ...
Second (Immediate), Pneumonia

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 24

Undertaker W R Dupree

Place of Business, ...

Geo. N. Benson M. D.
~~Medical Attendant.~~

Address, 1 Bond Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73453 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 1 *Months,* 16 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt"

Duration of Residence in the City of Baltimore, 1 mo - 16 d.

Place of Death, {Give street and Number.} 115 York St

Cause of Death, First (Primary), Accidental Suffocation

Second (Immediate) " "

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Feby 20/84

Undertaker Fred A. Kerchner

Place of Business, 129 Arlington Ave *Address,* 161 Sw Stuart St

Dr. A. Bell M. D.

~~Medical Attendant.~~ Coroner's Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73467 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Andw. Mumbert.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Feby. 21. 1882

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 79. *Years,* 6 *Months,* ..... *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Almoner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 32 Yrs.

Place of Death, {Give street and Number.} 25 Eating for

Cause of Death, First (Primary), Valvular Cardiac disease — Mitral insuff. & aortic Stenosis

Second (Immediate), Syncope

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 24th

Undertaker Geo Schilling

Place of Business, ... *Address,* .....

Chris. Schaefer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73457 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20, 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Christina Thorn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 79 Gough St.

Cause of Death, First (Primary), [illegible]

Second (Immediate) [illegible]

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 22 1886

Undertaker John Hennessy

Place of Business, 852 Eden St Address 248 S. Broadway

W. Kelly, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 18456 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feby 22/84

Undertaker Geo Rinehart

Place of Business, *Address,*

Thos. J. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73457 *Office of Registrar of Vital Statistics.* 1884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 21, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E. Williams.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 05 N. Smith St.

Cause of Death, First, (Primary.) Pulmonary Apoplexy

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb. 23/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

O. Meiertol *M.D.,*
Medical Attendant.

Address, 46 W. Lanvale St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13458 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Buckley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and Number.} 40 Carrollton Ave.

Cause of Death, First (Primary), Malignant disease of Liver

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, February 23, 1883

C. O'Donovan M. D.
Medical Attendant.

Undertaker Matthew Gadogan

Place of Business, 227 Mulberry St *Address,* 115 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7349

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bitz (Burt)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 *Years,* —— *Months,* —— *Days.*

Color, Wh.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 40 h. Bond St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 29th 1884

Undertaker, John Lake

Place of Business, 1660 Balto St

Thomas M.D.,
Medical Attendant.

Address, 284 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73460 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Meyers Sr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29 W Ableman St. Near Bridge

Cause of Death. First (Primary), Ruptured

Second (Immediate), Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Feby 24" 1884

Undertaker James P Byrne

Place of Business, 630 N. Front St *Address,* Balt. & Wash. Rs

H. H. Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

Board of He[illegible], City of Baltimore, 73461

Permit No. 73461 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Heiss

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 11 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 3 mo & 14 days

Place of Death, {Give street and Number.} No. 34 N. Eden St. Balto. Md.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Debility

Duration of Last Sickness, 3 mo & 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Freedom Pa

Date of Burial, Feby 23/84

Undertaker, Chas Hofmann

Place of Business, 3 N Eden St

Thos Ayres M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 73462 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Donnelly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 24 hours ~~Days,~~

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

~~Occupation,~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} 60 Bruce st

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 60 Bruce st

Cause of Death, First, (Primary,) Probably Patency of the Foramen Ovale

~~Second, (Immediate,)~~ Died Suddenly

Duration of Last Sickness, Had not been able to nurse since birth

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Feb 22nd 1884

Undertaker, John J Andress

Place of Business, No 216 Druid Hill Ave

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12403 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Duvall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Steward

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Rear of 25 Bank St

Cause of Death, First (Primary), Valvular Heart disease

Second (Immediate)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, 22d February 1884

Undertaker Leonhard Fuhrz

Place of Business, 277 S. Bond Street *Address,* 99 E. Baltimore St.

James E. Donnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73464 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1874

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert M. Cooney

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 9 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widowed or Widower~~, { Cross out the word not required in this line. } Single

Occupation At School

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and Number. } Res. of Parents No 19 Linden Ave

Cause of Death, { First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feby 22/74

Undertaker Jas. A. Draper

Place of Business, 145 Broadway *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 73465

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W Frantz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Baker St near Division St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 1 Wk

All the above information should be furnished by the Physician.

Place of Burial, Jockeeville Balt Co

Date of Burial, Feby 24th

Undertaker, A Rohde

Place of Business, No 48 Luna Ave

Chas E Carter M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73466 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Walter Fowler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 65 S. Gilmor St

Cause of death, First, (Primary,) Malarial fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb. 24 84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,* 632 Lexington St

J. W. Jordan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7346 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina, Mrs A. Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 27. Pearl st

Cause of Death, First (Primary), Apoplexy (Cerebral)

Second (Immediate), 3½ hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb. 24/84

Undertaker J. B. Pook

Place of Business, 207 W. Balto St. *Address,* 582 N. Fayette st

W. Knox Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Turner

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* 1 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 33 Stiles Street

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) Hemiplegia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, ~~Feb~~ 23rd 1884

Undertaker, Mrs. H. Hickman

Place of Business, 234 N. Gay St.

J J Mackenzie M. D.
Medical Attendant.

Address 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73469 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Steward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Madison ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23rd, 1884

E. B. Finley M. D.
Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Page.

Board of Health, City of Baltimore.

Permit No. 7347 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ungland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} No 27 Forest St.

Cause of Death, First (Primary), Cardiac Disease

Second (Immediate), General debility

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 23d

Undertaker Eco Schilling

Place of Business,

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7341 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 21/84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Adams

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 63 Cambridge st

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb. 23 1884

Undertaker G. Trance

Place of Business, Bank & Wolfe *Address,* 117 & Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 13472 *Office of Registrar of Vital Statistics.* **Ward** 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary Ann Weigert

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 19 N. Wolf St.

Cause of Death, First (Primary), Abortion

Second (Immediate). Puerperal Mania

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Feb. 25th 84

Undertaker G. France

Place of Business, Bank & Wolfe *Address,* Balt. & Wash. Co.

Medical Attendant. C. Glanville Lusk M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 73473 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Beeler Buhr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* / *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 20 S. Durham St.

Cause of Death, First (Primary), Stomach

Second (Immediate)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Ev. Cem.

Date of Burial, Feb. 23rd 84

Undertaker G. Bonce

Place of Business, Bonce & Wolfe *Address* 1119 Broadway

W. H. Weed, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore. 13474

Permit No 13474 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, July 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Welch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death. First (Primary), Cancer of Breast.

Second (Immediate) Erysipelas & Bronchitis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feb 23d 1884

Undertaker Daniel Hlynn

Place of Business, 109 West St

W. R. Clark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78476 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Hampton Lane

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 12 Years

Place of Death, {Give street and Number.} 195 N. Wolfe

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 24 Feb 1884

Geo. B. Haywood M. D.
Medical Attendant.

Undertaker John W Jackson

Place of Business, Gay & Gardner *Address,* 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7346 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd February

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Holmes

Sex, Male or Female. {Cross out the word not required in this line.} male

Age, — *Years,* — *Months.* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 152 ~~306~~ Chew St

Cause of Death.
First (Primary), Gangrene of Umbilicus
Second (Immediate), Pyemia (Blood Poison)
(Attended by a woman since birth until a few hours previous to death.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell

Date of Burial, Feb 24

Undertaker A Funk

Place of Business.

Thos J. Simms M. D.
Medical Attendant.

Address, Office 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 73477 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willm Leroy Howard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 74 S. Washington St.

Cause of Death, First (Primary), Infantile Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 24th 1884

Undertaker Denny H Mitchell

Place of Business, 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7348 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 22 / 1914

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm C. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1914

Undertaker W. H. Bishop Jr

Place of Business, 97 Druid Hill Ave

E. D. Watkins M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 34479 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Lawrence

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 30 *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 158 Preston St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Feb 23 1884

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave

R. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13480 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ena F. Ray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and Number.} 70 Williams St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Pneumonia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, Feb 24th 1884

Undertaker Armstrong & Sunny

Place of Business, 263 Light St

Geo. W. Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7348 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 24 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 of Feb 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elesabeth Kiarch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or *Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mebard (Baden) Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and Number.} 169 Saratoga st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 23 1884

Undertaker, Mr L Haus

Place of Business, 317 Mulberry St

L. A. Heilmann, M. D.,
Medical Attendant.

Address, 120 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73482 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday February 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Roach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 99 N. Poppleton St.

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Prostration

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, February 23rd 1884

Undertaker Mr. L. Flaus

Place of Business, 317 Mulberry St *Address,* 332 W Lafayette St

J. Summett Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page [illegible]

Board of Health, City of Baltimore.

Permit No. 73483 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver F Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 106 Columbia Ave

Cause of Death, First (Primary), Brights disease of Kidney

Second (Immediate),

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feby 24. 1884

Undertaker Geo. Leimbach

Place of Business, 389 W. Pratt St. *Address,* 76 Race St

D. H. Gurney M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13477 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Elizabeth Fiddler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Md 19 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 371 E Eager street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, Fever (7) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb 24th 1884

Undertaker Adam Fink

Place of Business, 461 N Gay St

R W Shaw MD.
Medical Attendant.

Address, Correct Carolina

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Donly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 18 Walsh st.

Cause of Death, First (Primary,) Disease of heart

Second (Immediate,) " " "

Duration of Last Sickness, all of life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 24. 84

Undertaker, Martin Fahey

Place of Business, 128 Townsend st

J. H. Christian M. D.
Medical Attendant.

Address 431 Lemmon ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE HOURS
7 TO 9 A. M.
12 TO 2 P. M.
6 TO 8 P. M.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials [illegible] issued Saturday

AND RESIDENCE OF

73486 DR. WILLIAM RICKERT,

No. 520 PENNSYLVANIA AVENUE,

Baltimore, Feb 22nd 1884

Certificate of death.

Date Feb. 24th 1884.

Name. Mrs. Annie Price,

Age. 24 years.

Color. White.

Occupation. Housekeeper.

Birthplace. City

Duration of Res. in Balt. during life

Place of death. 150 Dover St.

Cause. 1 Phthisis pulmonalis.

2 Exhaustion.

Duration of last illness. 16 weeks.

Attg Phys. Wm Rickert M.D.

Name of undertaker - John. S. Mosher 150 Carpenter

Place of burial - Mt Olivet Cemetery

Date of " Feb 23 1884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 7347 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febr. 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Rose Heilner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 106 Lexington St.

Cause of Death, First (Primary),

Second (Immediate) Pyaemia.

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Feby 24

Undertaker Wm H. Hickman

Place of Business, 234 E. Gay St

A. M. Erich M. D.
Medical Attendant.

Address, 95 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22 one 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. T. Green

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Phila.

Duration of Residence in the City of Baltimore, 3 Mo

Place of Death, {Give street and number} 226 Hanover St,

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Feb 23 84

Undertaker, Sam'l W Evans

Place of Business, 96 E Hanover

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78489 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Sommer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 1 *Months,* 3 *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and Number.} 287 S Bond St

Cause of Death, First (Primary),

Second (Immediate) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Bly

Date of Burial, Feb 23 / 84

Undertaker M. A. Dwyer

Place of Business, 74 S. Bury

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73490 . *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida A Boggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 7 Columbia Ave

Cause of Death, First (Primary), ...

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 23

Undertaker J Rees

Place of Business, ...

Geo W Downs M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7349

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7349 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 / 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 1 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 23/84

Undertaker Frank McVeagh

Place of Business, Division & Monument

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73492 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22d 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo McKeown.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 7 *Days,*

Color, White.

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization - Apnoea.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 23/84

Undertaker Frank McVeagh

Place of Business, Bonnie Brae

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No.

Board of Health, City of Baltimore.

Permit No. 73493 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathias Zigler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 352 Ostend St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Meningitis

Duration of Last Sickness, 7 Days

the above information should be furnished by the Physician.

Place of Burial, St Mathias Cem

Date of Burial, Febr 25th 1884

Undertaker Julius Kochler

Place of Business, Sharp & Cross sts *Address,* 170 S. Sharp St.

Wm Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73492 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen E Brown

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2½ *Months,* *Days,*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 27 Monument

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, week

All the above Information should be furnished by the Physician.

Place of Burial, Feb. 19 1884

Date of Burial, West Pub Cemetery

Undertaker Fred A Kerchner

Place of Business, 129 Arlington Ave *Address,* Corner

Alexander Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No 3495

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant - Annie Hester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 hours *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 161 N Lombard

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give street and number.} Maternite

Cause of Death, First, (Primary.)

Second, (Immediate.) Cyanosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E L

Date of Burial, Feb 23

Undertaker, J Kuehnert

Place of Business,

N. P. McIntosh M.D.,
Medical Attendant.

Address, 161 N Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued, Saturday of each week. No. 13496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13496 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Feby 22 1884

Undertaker Fred'k Kirchner

Place of Business, 129 Johnston Ave

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3497 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, DEC 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Sherry

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1055 Caroline St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, DEC 24

Undertaker M. D. Appel

Place of Business, ...

Geo. W. Benson M. D.

~~Medical Attendant.~~

Address, Dept. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Hawkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 89 Booth st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thorpe's Cemetery

Date of Burial, Feb 23 1884

Undertaker, Wilson & Burger

Place of Business, No 62 East

H. F. Bowers M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co[illegible]

Board of Health, City of Baltimore,

Permit No. 73299 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21— 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Smothers

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 14 Mo

Place of Death, {Give street and Number.} 237 Dover St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Cemetery

Date of Burial, Feb 23 1894

Undertaker, William Dorsey

Place of Business No 62 East St

J. H. Clark M. D.
Medical Attendant.

Address, B. G. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...wits for Burials, to the Office ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73600 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Lavinia Cooper.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Twenty-five Years

Place of Death, { Give street and Number. } 37 Douglas St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemoptysis

Duration of Last Sickness, one year

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24 1884

Undertaker Wilbon & Dorsey

Place of Business, No 62 East St

G. F. Taylor, M. D.
Medical Attendant.

Address, 234 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in ... births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73801 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Amanda Turner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and Number. } 131 N Regester

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 1884

Undertaker Wilson & Lang

Place of Business, 62 East St

E. B. Tuttle M. D.
Medical Attendant.

Address, Cor. Edmondson & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respe... invited ... the Remarks below, and to List of Diseases on Back of this Certifica...

Board of Health, City of Baltimore,

Permit No. 73502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1924 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22, 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W. Stine

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 1 8 *Months,* ____ *Days.*

Color, W White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 217 Ramsey st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 217 Ramsey st.

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Hemorrhage from mouth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 24/24

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Wm A. Jones M. D.
Medical Attendant.

Address, 326 Hall st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3563 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 St Paul St

Cause of Death, First (Primary), Exposure and injuries

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 23

Undertaker G Ruehlack

Place of Business,

Thos J Ware M.D.

Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ath, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

73503 Board of Health, City of Baltimore,

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1882 Richard Hill

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mothers name Nettie Cooper

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 67 St Paul St

Cause of Death, First (Primary), Shock & Exposure from being thrown into the Street at 2 00 Second (Immediate), died 5 hrs after

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, ...

Undertaker .....

Place of Business, ...

F G Connolly M. D.

~~Medical Attendant~~ *

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73507 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2/24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } 682 Marine (Parents)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, Ell

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 134 Fairfield Ave

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 23

Undertaker Davis

Place of Business, ...

Geo. F. Jenson M. D.

~~Medical Attendant.~~

Address City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73805

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 73805 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Harrod

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 8 *Months,* 0 *Days,*

Color, Light Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and Number. } 115 Chestnut Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Affection of the Lungs

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 23

Undertaker W. Kennedy

Place of Business,

Bay J Bohm M. D.
Medical Attendant.

Address, Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73516 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Klingelhoffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months.* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 26 Eutaw St

Cause of Death. First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Feb 25th

Undertaker Fred Gruede

Place of Business, 298 Eutaw St. *Address.*

D. A. Gill, M. D.
Medical Attendant.
243 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules below, and ... on back.

Board of Health, City of Baltimore,

Permit No. 78507

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1884 BALTIMORE

Date of Death, Febr. 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wohn

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* 5 *Months,* *~~Days.~~*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 257 Saratoga St

Cause of death, First, (Primary.) old age

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Loft Road Cemetery

Date of Burial, February 24

Undertaker, W. Eulau

Place of Business, 191 Saratoga St

Medical Attendant, A. Arnold M. D.,

Address, 276 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th: [illegible] Attention of Physi[illegible]

Board of Health, City of Baltimore

Permit No. 7377 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McCall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N West Charles & Cross

Cause of Death, First, (Primary,) Pulmonary Catarrh

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 or 6 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 24th 1884

Undertaker, Daniel Gluns

Place of Business, 104 West Fe

D Glucksman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Disease on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73579 *Office of Registrar of Vital Statistics.* Ward 5\

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sewell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, ed

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 42 Lewis st

Cause of Death, First (Primary), Childbirth Mania

Second (Immediate), Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Jewish cemetery

Date of Burial, Feb 24th 1884

Undertaker Wilson Nbonger

Place of Business, No 61 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73570 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Davis

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, c d

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Vincent alley

Cause of Death, First (Primary), ...

Second (Immediate). Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lem

Date of Burial, Feb 24/84

Undertaker H W Dunigan

Place of Business, ...

Chas. F. Jenson M. D.

~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 43511 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1884

CERTIFICATE OF DEATH.

Date of Death, July 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 1 Herring Court

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 25th

Undertaker Chas. S Butler

Place of Business, 132 N Caroline st

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73572

Board of Health, City of Baltimore.

Permit No. 73572 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

Date of Death, February 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 117 Thames St

Cause of Death, First (Primary), —

Second (Immediate), Measles (Congestion from Cold)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Marys Church Cemetery

Date of Burial, Feb 25th 1884

Undertaker Peter Frey

Place of Business, 91 Eden Alley

Dr Benjamin M. D.
Medical Attendant.

Address, Broadway & Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1

Board of Health, City of Baltimore,

Permit No. 73673 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 23d 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Fatter

~~*Sex*~~, *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Day*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 Low St

Cause of Death, First (Primary), Early birth

Second (Immediate),

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb 25th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St

J Statters M. D.
Medical Attendant.

Address, 245 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13677 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 22d 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Cassidy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, About fifty years

Place of Death, { Give street and Number. } 74 S Exeter St

Cause of Death, First (Primary), Old age

Second (Immediate) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery

Date of Burial, Feb 25 1884

Undertaker Henry W. Mears

Place of Business, 46 N Gay St

Wilson Taylor M.D.
Medical Attendant.

Address, Broadway & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 23516 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sabina M. Cramer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* Ten *Months,* Eight *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and Number.} No. 182 Wells St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Seven Days

the above information should be furnished by the Physician.

Place of Burial, Westby's Grave

Date of Burial, Feb'y 26/84

Undertaker Frey & Bro

Place of Business, 61 S Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

18

Permit No. 73676

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23/884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Romuald Thos Eloy Hardy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 m *Years,* *Months,* *Days.*

Color, Belong

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Malto

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 166 Vine st

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, Twenty (Seven

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25 1884

Undertaker, W. W. Madden

Place of Business, 46 East St

A. Attenbury M.D.,

" Medical Attendant.

Address, 119 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 73617 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. C. Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 S. Strieker St.

Cause of Death, First, (Primary.) Trismus Nascentium

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb. 25/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 206 N. Arlington Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 7368 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Hardesty

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 24 *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 443 McHenry St.

Cause of Death. First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park,

Date of Burial, Feb. 28th 84

Undertaker J.B. Cook

Place of Business, 707 W. Balto. St. *Address,* 90 N. Fulton Ave

Cameron Piggot M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 7367 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feburary 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura McGuirk

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give street and Number.} 27 S. Monroe.

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), ...

Duration of Last Sickness, about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 25

Undertaker J B Cook

Place of Business, 707 W Baltimore *Address,* 9.0 N. Fulton St

Piggot *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 73620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Genevieve Wagner

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Covington, Ky.

Duration of Residence in the City of Baltimore, Six Years.

Place of Death, { Give street and number } 525 Lexington St, Balto.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia. —

Duration of last Sickness, One Year. —

All the above information should be furnished by the Physician.

Place of Burial, Covington Ky

Date of Burial, Feb 25th

Undertaker, J. H. Rice

Place of Business, 458 Pratt St.

Hunt Smith, M. D.
Medical Attendant.

Address, 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No 73624 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Moylan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } 89 Ensor St.

Cause of Death, First (Primary),

Second (Immediate) Acute Consumption

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 25th 1884

Undertaker Thos P Byrne

Place of Business, Front st

Geo Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 73522

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Ward.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 79 Jasper Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Has been sick a year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25 1884

Undertaker, L B Ross

Place of Business, 75 Conway St

Jno. S. Lay *M.D.,*
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 38523 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emaline Roberts

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 19 Daniel Alley

Cause of Death, First (Primary), Acoholism

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 25 1884

Undertaker H L Ross

Place of Business, 95 Conway *Address,* 158 Pacca St

Jno L Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 73525 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Robinson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Col

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 114 Gullebern Ave

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 25

Undertaker J E Lodge

Place of Business,

Geo W Jones M. D.

~~Medical Attendant.~~

Address, 1211 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

Board of Health, City of Baltimore.

Permit No. 73525 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adele M. Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 2 *Days,*

Color Red

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 18 Hull Lane

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lou C.

Date of Burial, Feb 25 1884

Undertaker S W Chase

Place of Business, 198 Howard St

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

28

Permit No. 18626

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Forsythe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and number.} S Bruce St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Softening of the Brain, old age

Duration of Last Sickness, about 4 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 26th 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

W. P. Morgan M.D.,
Medical Attendant.

Address, 17 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 13627 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mary A Blankloff.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Feb 24. 84

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 144 N. Fremont.

Cause of Death, First (Primary), Cap. Bronchitis

Second (Immediate), ...

Duration of Last Sickness, 3 days.

The above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feby 25th 1884

Undertaker F. Louis Schaefer

Place of Business, 109 N Fremont *Address,* 226 Lombard c

Louis Blum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 73528 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo & Mary Lent (Parents

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 ½ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all ih life

Place of Death, {Give street and Number.} 2914 Gantry

Cause of Death, First (Primary), Premature Birth

Second (Immediate), & Inanition

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 25 1884

Undertaker Armstrong & Sons

Place of Business, 26 S Eutaw St

Kirkwood Cook M. D.
Medical Attendant.

Address, 146 Dawson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 23029 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Mooney

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Stonemason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 E. Hoffman St

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate), Exhaustion.

Duration of Last Sickness, Several years.

the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 25th

Undertaker H. C. Wiedefeld

Place of Business, 90 Gunmount Av *Address,* 115 W. Monument

C. O'Donovan Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 13530 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kattmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Taylor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and Number.} 26 Myrtle Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 22 days

the above information should be furnished by the Physician.

Place of Burial, St. Patricius

Date of Burial, Friday 26th/84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St.

Louis C. Ham M. D.
per E.H.K. Medical Attendant.

Address, 426 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 736-31 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Feb 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda S Kinsley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 67 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} No 2886 Stricker

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 26" 1884

Undertaker, D Tilley 2nd Mitchell

Place of Business, 550 W Fayette St

(Mrs Warner) M. D., Medical Attendant

Address, Townsend & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ...se and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 73532 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 24: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 174 E. Pratt

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), ...

Duration of Last Sickness, about Days - called on Friday

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Feb 26th 1884

Undertaker L. Ritz

Place of Business, 129½ S Broadway

James E Turner M. D.
Medical Attendant.

Address, 271 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore, 11

Permit No. 73623 *Office of Registrar of Vital Statistics.* Ward [redacted]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 90 Orchard

Cause of Death, First, (Primary,)

Second, (Immediate,) Amenorrhoea

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 25

Undertaker, Tucker

Place of Business,

J. A. Gillis M. D.,
Medical Attendant.

Address, 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, ~~sex, age~~ and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73537 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization —

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 25th/84

Undertaker Frank Mc Neal.

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Hanover cor. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73636 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 26th/84

Undertaker Frank McVeagh.

Place of Business, Division & Lanvale

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23536 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 23 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Richardson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Years, 13 Months, Days,

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 13 mo

Place of Death, { Give street and Number. } 4 Bruce st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lyhorst Cemetery

Date of Burial, Feb 25 1884

Undertaker, William Berry

Place of Business 1061 East St

Address, 55 N Gilmor St

M. Wright M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 73537 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22d 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* — *Months,* — *Days,*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death. {Give street and Number.} No 23 Wheeler Ave

Cause of Death, First (Primary), Old age

Second (Immediate), General Debility - Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Feb 25 1884

Undertaker William Abenzen

Place of Business, No 62 East St

Whitefield Primary M. D.
Medical Attendant.

Address, 116 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 13533 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 72 Ridgely St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Syncope

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb. 26/84

Geo R Graham M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 907 W. Balto St. *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore.

Permit No. 73839 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ... Feby 24 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Frick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. } ...

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 184 Eastern Ave

Cause of Death, { First (Primary), Pertussis

Second (Immediate), ... }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial Emanuel Cem.

Date of Burial, Feby 26. 1884

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave

D. E. Griffith M. D.
Medical Attendant.

Address, 218 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13540

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13540 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Talbot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co, Md,

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} No. 18 Mason Alley

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, About Three Months

the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, 26--1884

Undertaker [illegible] Bishop

Place of Business, 97 Druid Hill

W. L. Jones M. D.
Medical Attendant.

Address, No 2 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 73541

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7354 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 25. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Guyton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1/3 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cecil Co. Md.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and Number. } # 359 N. Central Ave.

Cause of Death, First (Primary), Acute Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 6 or 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 26. 1884

Undertaker John Wadkins

Place of Business, Exp. Co. Broadway *Address,* # 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73542

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73542 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2.25.84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hey Keeding

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 1 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sexton

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 33 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Jackson's Ct

Cause of Death, First (Primary). Typhoid Fever

Second (Immediate).

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 27 1884

Undertaker Heiss Late

Place of Business, 166 Balto St

R. E. Edmunds M. D.
Medical Attendant.

Address, 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 13543

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 23d — 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Behne.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, St. ~~Stephens~~ James Cem.

Date of Burial, Feb. 26th

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem ave, Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73344

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73344 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma M. Dunning

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2 Hanover st

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 26 1884

Undertaker Philip S. Price

Place of Business, 182 Columbia Av. *Address,* 166 S. Pearl

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 23545 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cathaina Fosler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy Seven *Years,* Six *Months.* Sixteen *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Harmony Lane n 12

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, One Month and a half.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 26. 1884

Undertaker L Haus

Place of Business, 317 Madeira St *Address,* University Hospital

Ralph Steiner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2

Board of Health, City of Baltimore,

Permit No. 73546

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Penning

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 143 S. Exeter St Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 143 S. Exeter St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27th

Undertaker, Fred Goede

Place of Business, 29 S. Caroline

John H Schultz M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7357

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73547 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Dunmore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* 0 *Months,* 6 *Days,*

Color, Dark Brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} No 2 Morris Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 27 84

Undertaker Abt Kennedy

Place of Business,

Benj F Johnson M. D.
Medical Attendant.

Address, cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13548

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13548 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Rogers

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 48 Foster alley

Cause of Death, First (Primary), ...

Second (Immediate). Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Lauriel

Date of Burial, Feb 26

Undertaker Alex Hensley

Place of Business, ...

Geo. F. Gaston M. D.

Medical Attendant.

Address, Cor of Stiles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

73549

Board of Health, City of Baltimore,

Permit No. 7307 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Queen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, 5 mo -

Place of Death, {Give street and Number.} 217 Hughes St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, February 26

Undertaker, H Ross

Place of Business, 15 Conway St

Ernest Bell M. D.,
Medical Attendant
Coroner 2d Dist
Address, 1613 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73550 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Howe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 69 *Years,* 11 *Months,* *Days,*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } 201 Lemmon St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Angina Pectoris

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Met Olivet Cem

Date of Burial, February 28th

Undertaker, Wm J. Frikens

Place of Business, 65 S. Eutaw

J. Tyler Smith M. D., Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 73337 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt^e Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 134 N. Spring st

Cause of Death. First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 26 1884

Undertaker T. P. Locke.

Place of Business, 73 Jefferson st

J. F. Gross M. D.
Medical Attendant.

Address, 137 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 73602 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

THE MERCANTILE PRINTING CO. FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter.

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} 125 North Spring Av.

Cause of Death, First, (Primary.) Rheumatism and general debility

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 26th 1884

Undertaker, T. F. Locks

Place of Business, 73, Jefferson St. *Address,* 216, E. Monument St.

J E Hurd *Medical Attendant.* *M. D.,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73663 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 26. 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Mulvey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 1.175 Madison Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate)

Duration of Last Sickness. One month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, Feb 26th 84

Undertaker G. Grance

Place of Business, Bond & Wolfe's *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 73552 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 26. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 19 *Months.* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No. 347 Hanover ave.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 26th 84

Undertaker G. Frances

Place of Business, Dark & Wolfe *Address,* ...

... *M. D.*,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 73555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Feb 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Eliza Casson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md. (Talbot Co.)

Duration of Residence in the City of Baltimore, about one month

Place of Death, {Give street and number.} 217 E. Pratt St. Balto.

Cause of Death, First (Primary,) Phthisis Pul.

Second (Immediate,) Dilated Heart complicated by consequent Oedema of Lungs

Duration of Last Sickness, About 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Talbot Co

Date of Burial, Feb 27/84

Undertaker, Thos G Hughes

Place of Business, 60 E Balto

J. F. Leonard M.D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3143 Trans

Board of Health, City of Baltimore,

Permit No. 73556 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

Date of Death, February 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 204 N Gement St

Cause of Death, First, (Primary,) Lockjaw, of Brain

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 minutes

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. February 27th 84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

W H Steffenderfer M. D., Medical Attendant.

Address, 204 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73533 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victorica A Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 17 Months, Days,

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} # 12 Woodyear St—

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 27

Undertaker, S W Chase

Place of Business,

John H. Walker, M. D.,
Medical Attendant.

Address, 330 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 3555 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1894 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 24 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Young

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, C C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 W Lanvale

Cause of Death, First (Primary),

Second (Immediate), Tumor

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 26

Undertaker W L Dunge

Place of Business,

Geo. H. Lemm M. D.

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 13557 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustine Last name not known

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Not Known Years, ~~Months~~, in the institution 20 Days,

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary), Pertusis,

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 7/26

Undertaker E Ruckert

Place of Business,

J F Ward M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73560 *Office of Registrar of Vital Statistics.* Ward 11/15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francisco Ferari (Stabile)

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Life Time

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 222½ W. Balt St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feby 26th

Undertaker F. M. Ford

Place of Business, #131 Hanover

Chas. Welch M. D.
Medical Attendant.

Address, 51½ Eutaw St.

Died

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No 73561 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John N. Beckman

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 57 Conway St.

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis

Duration of Last Sickness, 7 days.

the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem. Druid Hill Park

Date of Burial, Feby 27th

Undertaker J. N. Small R. J. N. Tall, M. D.
Medical Attendant.

Place of Business, #131 Hanover *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No 73662 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McHale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Miner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Fractured Vertebrae

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feby 27th 84

Undertaker, M. Clelland & Son

Place of Business, 92 S. Ann

M. Clelland M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 130

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73563 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie E. Andrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Every Life

Place of Death, {Give street and Number.} 62 4 H Avenue So

Cause of Death, First (Primary), Measles.

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Severn Station

Date of Burial, Feb. 28/84

Undertaker J. B. Rook

Place of Business, 707 W. Balto. *Address,* 110 Fort Av

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... of this Ce...

Board of Health, City of Baltimore,

Permit No. 73674 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1884 1 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Savage

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 N. Stricker

Cause of Death, First, (Primary,) Valvular disease of Heart with various complications.
Second, (Immediate,) Deep seated abscess in the intestinal cavity - with suppuration of bowels.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral cemetery

Date of Burial, Feb 28 th 1884

Undertaker, Jos. B. Cook

Place of Business, No 707 N Baltimore Street

C. J. Hilton M. D., Medical Attendant.

Address, 113 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 73566 .

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or stranger, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Mary Foreman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore, 18 Years.

Place of Death, {Give street and Number.} 6 Union st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 26

Undertaker J. Lucke

Place of Business,

E. B. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested to this Certificate.

18

Permit No. 73566

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lukins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Yellow.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederic Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 37 Clay St.

Cause of Death, First, (Primary.) Ovarian Tumor

Second, (Immediate.) " " " days

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, St peters Cemetery

Date of Burial, Feb 26 - 84

Undertaker, W J Jordan

Place of Business, No 63 Park Ave

W. R. Morgan M.D.,
Medical Attendant.

Address, 119 W. Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Permit No. 78567

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

Date of Death, February 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary N. Calrup

~~*Son, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 6 *Days.* 4½ hours

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Girl

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton Talbot Co. Md.

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 264 Hoffman St.

Cause of Death, First, (Primary.) Deposition of Tubercles into the areolar spaces of the pulmonary tissue with subsequent Pneumonia and disintegration (Asthenia)

Second, (Immediate.)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbert Co Md by Steamer

Date of Burial, Feb 26

Undertaker, J H Blizzard

Place of Business, 198 Penn ave *Address,* 77 Centre St

J. H. Caulk *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 73668

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brigit Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor Preston and Valley Sts

Cause of Death, First (Primary),

Second (Immediate), Age & debility

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Feb 27th 1884

Undertaker Henry J Chelthis

Place of Business,

Jn. Rooker Gray M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] Back of this.

Board of Health, City of Baltimore.

Permit No. 13669 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feby 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter O'Brien Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 11 Spring St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 27 1884

Undertaker C. F. Krause & Son

Landon Cooke M. D.
Medical Attendant.

Place of Business 209 Hanover *Address,* 46 Hanover St

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician attending during his or her last sickness, or the Coroner, whenever such case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of his or her last sickness, and the births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[ertificate]

Board of Health, City of Baltimore.

Permit No. 73670 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Baldwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 160. N Chester St

Cause of Death, First (Primary),

Second (Immediate). Meningitis (Cerebral)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Calvary Church Richmond County Virginia

Date of Burial, Feb 28th

Undertaker Geo Schilling

Place of Business,

Theodore Cox M. D.
Medical Attendant.

Address, 14 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 13571 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 27, 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis X. Roth

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 *Years,* ..... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Can maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 298 Lancaster Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Feb 29th

James F. McShane M. D.
Medical Attendant.

Undertaker, W. Scipper

Place of Business, ...

Address, 47 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No 18572 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 Febr. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Arthur Worrick

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 3 Orleans St.

Cause of Death. First (Primary), Bronchitis

Second (Immediate), ...

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 28th 1884

Undertaker Henry W. Hearn

Place of Business, 45 N. Gay St. *Address,* 5 f Lieguit St.

C Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 13573 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Philips White Penn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore .....

Place of Death, {Give street and Number.} 7 Bloomstock

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, E R

Date of Burial, Feb 27

Undertaker S Meadows

Place of Business, ...

Geo. R. Dixon M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73574 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Whitridge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* 1 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} S.E. Cor. Charles & Read Sts

Cause of Death, First (Primary), Epilepsy.

Second (Immediate), Asthenia

Duration of Last Sickness, An invalid 38 years

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 29th 1894

Undertaker W. H. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 73575 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25th. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Jordon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 *Years,* 6 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and Number. } 147 S. Dallas Street.

Cause of Death, First, (Primary,)

Second, (Immediate,) Ascites.

Duration of Last Sickness, Four weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Feb. 27. 1884 T. B. Oakley Jr. M. D.,

Undertaker, H. C. Sanderson Medical Attendant.

Place of Business, 252 Canton Ave *Address,* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

(over.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

10

Permit No. 73576

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Polanetsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ~~11~~ 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ... yr

Place of Death, {Give street and number.} 41 N Marion st.

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 Wk.

All the above information should be furnished by the Physician.

Place of Burial, Druid Road

Date of Burial, Feb 27 1884

Undertaker, W Eilar

Place of Business,

..... *M.D.,*
Medical Attendant.

Address, 42 W. Lafayette Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 7357 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Hayden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila Penn

Duration of Residence in the City of Baltimore in the institution 18 months

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tubercular

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 7/26 27

Undertaker Geo Reinhardt

Place of Business,

Thos F Ward M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 73578 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Morrison

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} f

Age, ... *Years,* ..... *Months,* ..... 1 hr *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 41 Sharp Street

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Bl Plain

Date of Burial, Feb 27

Undertaker A Rueckert

Place of Business, ...

Wm. H. Benson M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73579

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB. 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 287 Calvert St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 28th 84

Undertaker, Hollingsworth Bros

Place of Business, Park & Saratoga *Address,* 1114 Park Ave

F. E. Shattard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73688 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wellington Z. Hull

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary),

Second (Immediate), Fracture of Skull

Duration of Last Sickness, 5 hours

All the above Information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Feb 25th 1884

Undertaker John J Andrews

Place of Business No 4 Druid Hill Ave

H. G. Cornelius M. D.
Medical Attendant.

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7356 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Virginia Carey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} (

Occupation (

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 51 S. Fulton St

Cause of Death, First (Primary), ("

Second (Immediate) "Marasmus"

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb. 22/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St.

W. L. McShane M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 73682

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
FEB 27 1884
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Feb 24 84

Full Name of Deceased, {Write legibly and spell ~~correctly. If an Infant~~ not named, give names of parents.} Walter Moody

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, 1 *Years,* 9 *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 210 Dover St

Duration of Residence in the City of Baltimore, 1 yr. 9 mo

Place of Death, {Give street and number.} 49 Caroline St.

Cause of Death, First, (Primary.) Catarrh Bronchitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Feb 27 1884

Undertaker, William Downey

Place of Business, No 61 East St

.....M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is called to the ... of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 27. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Davis.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* Ten *Months,* Nineteen *Days.*

Color, Brown *Sex,* femal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Brewers alley No 3

Cause of Death, First (Primary,) Diphtheritis (Laryngeal)

Second (Immediate,) Septaemia

Duration of Last Sickness, about Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 27 1884

Undertaker, William N Longue

Place of Business, No 64 East St

T. Morris Murray M. D.
Medical Attendant.

Address 108 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73687 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 27 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Howard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Housekeeping

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1232 N Fremont St

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 29th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

D. S. Mitchell M. D.
Medical Attendant.

1232 N Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 73585 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hollen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color,

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 229 George St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 29th 1884

Undertaker, J. B. Cook

Place of Business, 707 N. Balto

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 W. Carroll Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 3686 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Deebel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 45 years

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} # 709 west Lexington

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Capillary congestion bronchi and

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28th 1884

Undertaker Jos. B. Cook

Place of Business, 707 N. Balto St *Address,* 279 west Fayette

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73587 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23 *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 252 N. Bond St.

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 28, 1884

Undertaker, Henry Hoerth

Place of Business, 389 Central ave

H. H. White, M. D.,
Medical Attendant.

Address, 247 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

2

Permit No. 13688 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cherlestini Lavessa

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 34 Eastern avenue

Cause of Death, First (Primary), Scrofulosis

Second (Immediate),

Duration of Last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 28 1884

D M Cathell M. D.
Medical Attendant.

Undertaker Jas C Byrne

Place of Business, 65 Fremont

Address, 214 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73589 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kerr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 30 Johnson St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 29 1884

Undertaker, N. F. Curran

Place of Business, 53 S. Broadway

J. C. Buch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 13598 *Office of Registrar of Vital Statistics.* **Ward** 16 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Milan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 118 Orleans St

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Acute Congestion of Lungs

Duration of Last Sickness, over 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb'y 29th 1884

Undertaker John Jake

Place of Business, 16 E Balto St

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73571 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva St. Clair "Queen

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 140 N. St Paul St

Cause of Death. First (Primary), Consumption of the Lungs

Second (Immediate), ...

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury

Date of Burial, Feb 28 1884

Undertaker S Nichols

Place of Business, 178 Harford Ave

Jno L. Loomis M. D.
Medical Attendant.

Address, 238 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73592 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank V. Hobson

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} # 146 Aisquith Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 29

Undertaker, Gilbert

Place of Business, 198 Lanvale

Saml L. Powell, *M. D.,*
Medical Attendant.

Address, # 29 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special [illegible] of Physicians is respectfully invited to the Remarks Below, and to Those on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 73693 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, retired for a number of years

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 35 years

Place of Death, {Give street and Number.} 132 Linden Ave.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) A general breaking down

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cem

Date of Burial. Feby 29th 1884

W. T. Bodley M. D.,
Medical Attendant.

Undertaker, Ehlers Scriven

Place of Business, 271 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73594 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schamburg

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 1 *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 54 S. Durham st

Cause of Death, First (Primary), Peritonitis puerp:

Second (Immediate), asthenia

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feby 29th 84

Undertaker G. Frazer

Place of Business, Bank & Wolfe Address, 129 W Fayette st

L Pittenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7895 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dietz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Portugal Court near Chaptank

Cause of Death, First (Primary), Measles: sequalae Catharal Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Feb 28th 84.

Undertaker G. Franz

Place of Business, G Franz & Sons *Address,*

A. V. Gourdier, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Permit No. 73596

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Jean Cravell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 298 Etting St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 28, 1884

Undertaker, Matthew Gaegan

Place of Business, 227 Aisquith St

Chas E Foster M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7357 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Scheene.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and Number.} N. W. Cor. Wall & Oxford Sts.

Cause of Death. First (Primary),

Second (Immediate), Chronic Valvular Disease of Heart.

Duration of Last Sickness, Dropsy about 2 yrs.

the above information should be furnished by the Physician.

Place of Burial, Laurel Mass

Date of Burial, March 1st

Undertaker B. Marlo

Place of Business, 82 West St

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 73598 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A Finnegan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Pattern maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 231 E Fayette St

Cause of Death, First, (Primary,) Hepatitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Bayview Cem

Date of Burial, March 1st

Undertaker, John Kenwisle

Place of Business,

[illegible] M. D.,
Medical Attendant.

Address, 5 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73699 *Office of Registrar of Vital Statistics.* **Ward** 16.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Lipe,

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, all his life,

Place of Death, { Give street and Number. } 275 Lexington st,

Cause of Death, First (Primary), Erysipelas,

Second (Immediate) Convulsions,

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial Loyola Cemetery

Date of Burial, February 29

Undertaker Jacob Ahrens

Place of Business, 31 N. High St *Address* 275 Lexington St

John L. Hoge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore.

Permit No. 73600 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 '84 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith E. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 99 Orchard St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Lamartel Cemetery

Date of Burial, February 28

Undertaker H Ross

Place of Business, 25 Lonsdale St

Alexander Tinsley M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 13601 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2. 28. 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Bauhaus

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 20 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 20 11/12 Years

Place of Death, { Give street and Number. } 105 Columbia Ave

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, Six (6) Mo

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cemetery

Date of Burial, March 1st 1884

Undertaker Geo Leimbach

Place of Business, 389 W. Pratt St *Address,* 549 Lord

F. M. Eastman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Co...

12

Board of Health, City of Baltimore,

Permit No. 73602

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Hart

HEALTH DEPARTMENT RECEIVED FEB 28 1884 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* 1 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Over 60 years

Place of Death, {Give street and number.} 530 Druid Hill Ave

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Syncope

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 29th 1884

Undertaker, Wm O'Meara

Place of Business, No 202 N Eutaw St

Chas E Sadtler *M.D.,*
Medical Attendant.

Address, 765 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 73602 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stewart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 46 Mum alley

Cause of Death, First (Primary),

Second (Immediate), Burns.

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial Conrad Cemetery

Date of Burial, Feby 29th 1884

Undertaker Wm S Gray

Place of Business, 65 Mulberry

Alexander Finley M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Rules Printed on the Reverse Side of this Certificate, Page 2.

Board of Health, City of Baltimore,

Permit No. 73604 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

Date of Death, February 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Roszel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months.* *Days,*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Widower

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and Number.} 137½ Paca St

Cause of Death, First (Primary). Bright's Disease (Chronic)

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial March 1st 1884

Undertaker John J Andrews

Place of Business 104 Druid Hill Ave. *Address,* 5 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73605 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law!

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Warner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stockman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 15 or 20 yrs.

Place of Death, { Give street and Number. } 13 Bruce St

Cause of Death, First, (Primary,) Aortic Insufficiency

Second, (Immediate,)

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, March 1 1884

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. *Address,* 25 Edmondson Av.

H. F. Hill *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 3606 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alan S. Hartshorne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30. *Years,* — *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 26 Read St

Cause of Death, First (Primary),

Second (Immediate) Nervous prostration.

Duration of Last Sickness, Abt 5 days.

All the above information should be furnished by the Physician.

Place of Burial, West Chester Pa

Date of Burial, Mch 1st 1884

Christopher C. Smith M. D.
Medical Attendant.

Undertaker Wm J Eastman Nos

Place of Business, Park & Saratoga *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 73687 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dooley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 29 1884

Undertaker, John W. Jackson

Place of Business, 4 E Lombard

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 93668 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Kuper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 160 Henrietta St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Six Years

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, March 2 1884

Undertaker, Alf Hemsley

Place of Business, 1160 Eutaw

P. W. Kohler M. D.,
Medical Attendant.

Address, 146 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 13609 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. James Montrose Massey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Contractor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila. Pa.

Duration of Residence in the City of Baltimore, Forty years

Place of Death. {Give street and Number.} 21 Jackson St.

Cause of Death. First (Primary), Meningeal Hemorrhage

Second (Immediate), Paresis,

Duration of Last Sickness, Two years,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 2 d 1884

Undertaker John Lake

Place of Business, 166 Pratt St

G. Glanville Rusk M. D.
Medical Attendant.

Address, Balt. & Hanl. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7361/3 *Office of Registrar of Vital Statistics.* **Ward** 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry G Lauschmier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 252 Bath Ave

Cause of Death, First (Primary),

Second (Immediate). Gastro Enteritis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 2

Undertaker B Hasle

Place of Business,

Newton Keech M. D.
Medical Attendant.

Address, 416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 73611 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, a long time

Place of Death, {Give street and Number.} 6 S. N. Fremont St

Cause of Death, First, (Primary,) Cancer of rectum

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Has been in bed only a few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 1st 1884

Undertaker, Wm B Cook

Place of Business, No 707 W Baltimore Street

H. F. Hill M. D.,
Medical Attendant.

Address, 23 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

4

Board of Health, City of Baltimore,

Permit No. 13612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Burton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Work

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 9 Chestnut St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1884

{ *Undertaker,* William A' Dugdale

{ *Place of Business,* 62 East St

..... *M. D.*
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7363 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Henry Sanders

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 33 *Years,* *Months,* *Days,*

Color, ~~white~~ black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~single~~

Occupation hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 325 E. Baltimore st

Cause of Death, First (Primary), Softening of Brain

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loud County

Date of Burial, March 1st 1884

Undertaker Williams & Sons

Place of Business, 62 East St

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73614 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

Date of Death, Feby 29 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter D. Point

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Amity St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrhal Pneumonia.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 1 /84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 137 N. Carrollton av.

J. W. C. Cuddy, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73615 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. D. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 319 Orleans St

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Apnoea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb. 29 / 1884

Undertaker M. A Dawson

Place of Business, 71 S. Bway

[signature] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7616 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bayaker

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 ~~7~~ *Months,* 17 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 426 E. Chase St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 29 '84

Undertaker M. F. Bay

Place of Business, 412 E. Bay

G. Glanville Link M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1

Board of Health, City of Baltimore.

Permit No. 73617 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant-Hanna & Jas Kerr

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 Hours 5 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 249 Orleans St

Cause of Death, First (Primary), ...

Second (Immediate). Marasmus

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 29

Undertaker H. R. Duncan

Place of Business, ...

Thos A Ellis M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1

Board of Health, City of Baltimore,

Permit No. 3618 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valeria Bonski

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* ..... *Months,* ..... 5 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} # 207 S Regester St.

Cause of Death, First (Primary), Tetanus Nascentium

Second (Immediate), ...

Duration of Last Sickness, One day

the above information should be furnished by the Physician.

Place of Burial, St Johns Cem.

Date of Burial, Feb 29th

Undertaker G. Francis

Place of Business, Bank & Wolfe *Address,* # 8 Alice Anna

John H Kellberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7369 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh. Sanders

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, One *Years,* 8 *Months,* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 17 Grove st Bath city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 Grove

Cause of Death, First (Primary),

Second (Immediate). Acute Hydrocephalus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28

Undertaker Mrs Chas A White

Place of Business, 35 Gurley st *Address,*

D. F. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... and condition (whether married or single) of the person deceased, and the cause and

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7362 0

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

Date of Death, Feby 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Kurz,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 ~~77~~ *Years,* *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and Number. } Eager St. 192

Cause of Death, First (Primary), Senile Atrophy

Second (Immediate), Card. Paralysis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2nd.

Undertaker Geo Schilling

Place of Business,

J M Robertson M. D.

Medical Attendant.

Address, 11 Gilmor Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73621 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Stansbury

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 100 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Shore

Duration of Residence in the City of Baltimore, 78 Years

Place of Death, {Give street and Number.} 26 Edward St

Cause of Death, First (Primary), Old age

Second (Immediate), General Debility - Exhaustion

Duration of Last Sickness, 10-12 Months - General Months Seen Per Sex

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 29 1884

Undertaker J J Locke

Place of Business, 223 Hanover St *Address,* 116 E. Fayette St

Whitefield Murray M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73622 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Adams

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* four *Months,* 11 *Days,*

Color, Mulatto

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laundress.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Port Deposit, Cecil Co. Md.

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 133 Preston St

Cause of Death,
First, (Primary,) Cardiac disease. Mitral regurgitant lesion.
Second, (Immediate,) Failure of Action of heart (Suddenly?)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 29th 1884

Walter B. Platt. M. D.,
Medical Attendant.

Undertaker, J J Locke

Place of Business, 473 Jefferson Address, 165 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73623 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cronin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 5 Jefferson st (Extended)

Cause of Death. First (Primary),

Second (Immediate). Scirrhus of Stomach

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 29

Undertaker H Hoeck

Place of Business

Supplied M. D.

Medical Attendant.

Address, 218 Fawn st (Canton)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73624 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

Date of Death, Feb 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Guire

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} S. A. Population

Cause of Death, First (Primary), Gangrene of the Mouth

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 3rd 1884.

Undertaker Matthew Gadogan

Place of Business, 227 Mulberry *Address,* 283 W. Lombard

Edwd F. Michael M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 73625 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE MAR 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mary land America Howard Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: Preston and Valley Sts

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1st 1884

Undertaker Henry Schelhaas

Place of Business, *Address,*

Jas. Burke Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73626 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, 11 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and Number.} 166 N Amburg St

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1 1884

Edward Bruce M. D.
Medical Attendant.

Undertaker John Mooney

Place of Business, 312 Edmonds St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...the Special Attention of Physicians is respectfully invited to the ... over this ...

Board of Health, City of Baltimore,

Permit No. 73627 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Scholl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 145 Aiggle Ave

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 2nd 1884

Undertaker Lorit"

Place of Business, #156 N. Madison St

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73628 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph, Measell.

Sex, Male or Female, {Cross out the word not required, in this line.} Male

Age, 73 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md.

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and Number.} 410 N. Calhoun st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md. B. & O. R. R.

Date of Burial, March 1/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 134 N. Carrollton Ave.

John D. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73629

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73629 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Cain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and Number.} 16 Valley St.

Cause of Death, First (Primary). Pneumonia and

Second (Immediate). Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 2d 1884

Undertaker Adam Fink

Place of Business, 161 N. Gay St

Chas. Brooke Boyle M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 730

Board of Health, City of Baltimore,

Permit No. 73620 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 Barrett

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Mch 2nd 84

Undertaker Saml H Chew

Place of Business, 98 Hanover

Address, 57 Barrett

J. W. Welsh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, And to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73681 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Anderson

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 50 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Georgia

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and Number. } 135 Hill St

Cause of Death, First, (Primary,) Hemeturia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Wks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 1884

Undertaker, Samuel L Chase

Place of Business, 198 S Howard

C. D Smith M. D., Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73632 *Office of Registrar of Vital Statistics* Ward 5

The Physician who attended any perso[illegible]iness, to the Undertaker or other person superinte[illegible]g the burial in / requested so to do, under penalty of law.

Briefly filled out. , or sooner, if

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nort Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, ~~or~~

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carolina Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 67 Forest St

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Gen Debility

Duration of Last Sickness,

the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2/84

Undertaker Wm Dungee. ..... *M. D.*

Medical Attendant.

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 7302

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13633. *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Nill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1 1/2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 322 Cross St.

Cause of Death,
First (Primary),
Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

the above information should be furnished by the Physician.

Place of Burial, Shars. St. Cem

Date of Burial, March 1-1884

Undertaker Jacob Davis

Place of Business,

..... M. D.

~~Medical Attendant.~~

Address, Health Commissioner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Wm. E. Dunding

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73637 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie R. Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 311 N. Eden St

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, March 2nd, 1884

Undertaker Wm. L. Hickman

Place of Business, 234 N. Gay St.

Wm Whilde M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 29th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gorman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Years *Months,* ten *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 58 Dolphin St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 58 Dolphin St.

Cause of Death, First (Primary,) Measles.

Second (Immediate,) Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 2d 1884

Undertaker, Charles Lemmon

Place of Business, 271 Eutaw St

Dr. Mervick M. D.

Medical Attendant.

Address 209 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 78686 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Hennesy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 Yrs *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 15 Bank St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Unknown to me

All the above information should be furnished by the Physician.

Place of Burial, St. Penitentiary

Date of Burial, March 29

Undertaker, Geo. W. Evans

Place of Business, 5 N. Paca St

Geo. B. Reynolds M. D., Medical Attendant.

Address, 171 W. Colvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73637 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 29th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith C. Chapman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 453 N. Calhoun St.

Cause of Death, First (Primary), Croup

Second (Immediate), "

Duration of Last Sickness, 2 Days

the above information should be furnished by the Physician.

Place of Burial, ~~London Park cemetery~~ Mt Olivet

Date of Burial, March 2nd 1884

Undertaker Jos B Lord

Place of Business No 707 W Baltimore Street

J. H. Chevillian M. D.
Medical Attendant.

Address, 431 Lenna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73636 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James G Allmutt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. { Give street and Number. } 398 Hollins St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cemetery~~ Mt Olivet

Date of Burial, March 2nd 1884

Undertaker Jos B Cook

James Bosley M. D.
Medical Attendant

Place of Business, 1707 W. Baltimore St Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73639 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday February 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Murray Rauch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* One *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 776 S Paca St

Cause of Death, { First (Primary), ... Second (Immediate), Pneumonia 3 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, March 2nd 1884

Geo W Blake M. D. Medical Attendant.

Undertaker Wm J. Fitzsimmons

Place of Business, 65 S. Eutaw St *Address,* 657 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

8

Permit No. 73645

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 74 Hanover ave

Cause of Death, First, (Primary.) senile decay

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 2 d

Undertaker, H. C. Wiedefeld

Place of Business, Go Greenmount ave

Maurice Brown M.D.,
Medical Attendant.

Address, 68 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73641 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Delaney

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and Number. } No 3 N High St

Cause of Death, First (Primary), cold & old age

Second (Immediate), pneumonia

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 1st

Undertaker James McGinnis

Place of Business, 43 Hanover St

Milton J Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No 73642 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 29th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Young

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 27 Douglass

Cause of Death. First (Primary), Syphilis Congen.

Second (Immediate),

Duration of Last Sickness. Never well

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 3

Undertaker John Brooks

Place of Business, Mechanicsch

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 73643 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Rigger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway.

Duration of Residence in the City of Baltimore, fifteen years.

Place of Death, {Give street and Number.} 143 S Regester St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 2nd 84

John H. Kelbergen M. D.
Medical Attendant.

Undertaker G. France

Place of Business, Bantz & Wolfe *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No 73647 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Weiler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer in Lead Works

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 32 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 78 Durst Alley

Cause of Death, First (Primary), Lead Poisoning, Jaundice, Psoas Abscess

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 Months

the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 13645 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ Feb 29th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Simpson

Sex, Male ~~or~~ Female. {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 11 *Days,*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 176 Mulliken St.

Cause of Death. First (Primary), ...

Second (Immediate). Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 2 1884

Undertaker W W Madden

Place of Business, 46 Eastern

A G Gaston M. D.
Medical Attendant.

Address, 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

6

Board of Health, City of Baltimore,

Permit No. 13676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Milly Ann Ballard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* Eight *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 181 Mulliken st.

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate,) Capillary Bronchitis.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Found

Date of Burial, Mch 2

Undertaker, C. H. Zacks

Place of Business,

Chas. B. Ziegler M. D.
Medical Attendant.

Address 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 73647 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa E Hathaway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} 121 Hollins St

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 2.

Undertaker A Fink

Place of Business,

J Pinkney Dixon M. D.
Medical Attendant.

Address, 121 E Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73648 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Xaver Gepler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 62 *Years,* 2 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation Barrelmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Daisendorf. Baden. 35 in U.S.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 85 E Sharp Street

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, 3 March 1884

Undertaker C Kuntzel

Place of Business, 10 Park ave

Dr J Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 73649 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm G Young

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bald Co Md

Duration of Residence in the City of Baltimore, 68 years

Place of Death, { Give street and Number. } 87 S Gilmor st

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mch 3/84

Undertaker J. B. Cook

Place of Business, 907 W. Balto St. *Address,* 319 Gilmor

James A Bayley M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co[illegible]

Board of Health, City of Baltimore,

Permit No 73668 *Office of Registrar of Vital Statistics.* **Ward** [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Rieska

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* [illegible] *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 221 S Regester St.

Cause of Death, First (Primary). Measles

Second (Immediate). Pneumonia

Duration of Last Sickness, Eight Days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, March 2th 1884

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann, *Address,* 243 Aliceanna St,

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 73

Board of Health, City of Baltimore,

Permit No. 73657 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie M Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Domestic Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Hessian Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and Number. } 14 Sharp Alley

Cause of Death, First (Primary), Natural

Second (Immediate), Asthma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3d 1891

Undertaker Ernst Schlosser

Place of Business, 181 Sharp St

J. K. Hall M. D.
Medical Attendant.

Address, 20 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 13652

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elizabeth Sweitzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 425 Alice Anna St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, Three weeks

the above Information should be furnished by the Physician.

Place of Burial, M. Mathews Cem.

Date of Burial, March 3rd 84

Undertaker H. Saunders Son

Place of Business, 352 Gordon Ave

John H. Rehburg M. D.
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 73663 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

Date of Death, March 2th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Robert-Coale

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } Asylum of the Little Sisters of the Poor cor Preston and Valley Sts

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 3th 1884

Undertaker Henry J Chelthels

Place of Business,

Address,

Wm Roche Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13634

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 13654 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Henry & Catharine Fischer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 52 Pine St

Cause of Death, First (Primary) Asthenia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 4/84

Undertaker, A Rode

Place of Business, ... *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

W. E. Roberts Sanitary Inspector

9.

Board of Health, City of Baltimore,

Permit No. 73665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 1st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. Augustus McLaughlin,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, Wh.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gentleman (late Capt. U.S.N.)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 72 Centre St.

Cause of Death, {First (Primary.) Uraemia, (with Acute Peritonitis)
Second (Immediate.)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 3rd 1884

Undertaker, STEWART & HOWELL UNDERTAKERS,

Place of Business, 85 Park Ave.

Wm. T. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 7866

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 13656 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Rochford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 42 Lemmon St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 7 Months

the above information should be furnished by the Physician.

Place of Burial, Ct Peters Cem

Date of Burial, Mch 4th

Undertaker M Cadogan

Place of Business, 224 Mulberry St

W. L. Roberts M. D.
Medical Attendant.

Address, Sanitary Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7363

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7367 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bormann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 220 S Howard St.

Cause of Death, First (Primary), Cholera

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Mar 4th 84

R. McKaee M. D.

Medical Attendant.

Undertaker C. F. Krauser Son

Place of Business, ... *Address,* 202 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73688 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Francisco Hafelé

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} (One of twins)

Age, Years, Thirteen Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 696 Pennsylvania Ave

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} #29 Bloom St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 4

Undertaker, Walter Immel

Place of Business, 315 W. Baltimore *Address,* No 1 North Av

A. Cole M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7366

Board of Health, City of Baltimore,

Permit No. 73667 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loamma N. Stultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 5 S. Castle St.

Cause of Death, First (Primary), Rheumatism of Heart

Second (Immediate),

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Md

Date of Burial, March 3rd 1884

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway Address, 117 Bway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73660 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy A. Williams

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 months.

Place of Death, {Give street and Number.} 47 N. Dallas st

Cause of Death, First (Primary), Whooping Cough.

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Williams Co Virginia

Date of Burial, March 3rd 1884

Undertaker Henry McGinnis

Place of Business, 8 N Central ave

J J Lee M. D.
Medical Attendant.

Address, 137 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7366 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 29 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Davis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 11 *Months,* [illegible] *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 4 Vincent St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Leon St Cemetery

Date of Burial, March 3 1884

Undertaker William N Burgess

Place of Business No 62 East St

J. H. J. Taylor M. D.
Medical Attendant.

Address, 34 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12662 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A Thurston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 82 Pierce St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Prostration

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, March 3 1884

Undertaker, William N Dorsey

Place of Business, No 62 East St

B F Phillips M. D.,
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13664

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13664 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days,*

Color. Brown Hair

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death. {Give street and Number.} No 115 N. Chapel [illegible]

Cause of Death, First (Primary), Acute Pneumonary Tuberculosis

Second (Immediate), " " Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 5 1884

Undertaker S W Chase

Place of Business, 198 Howard St

Whitefield Winsey *M. D.*
Medical Attendant.

Address, 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 73663 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d March 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Kräger

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~ ~ ~

Occupation ~ ~ ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Ann Street 229

Cause of Death, First (Primary),

Second (Immediate), Angina maligna

Duration of Last Sickness, 5 Days.

the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery.

Date of Burial, March 3th 1884

Undertaker Wm. Nicolaus

Place of Business, 258 Aliceanna.

William Henne M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20 Board of Health, City of Baltimore,

Permit No. 73665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Nevell Scott

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Most of her life.

Place of Death, {Give street and number} N. W. Cor. Carrollton & La Fayette Aves

Cause of Death, First, (Primary,) Acute Phthisis (Consumption of the Lungs)

Second, (Immediate,)

Duration of last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem'y

Date of Burial, March 3 - 84

Undertaker, D Cemy & Mitchell

Place of Business, 550 W Fayette St *Address,* 215 N. Carrollton Ave

John T. Kind M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73666 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Sutton.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and Number.} 130 N. Carrollton av.

Cause of Death, First, (Primary,) Rheumatism.

Second, (Immediate,) Hypertrophy of Heart.

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, York Co Pa

Date of Burial, March 4" 1884

J. W. C. Cuddy, M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 535 W Fayette St *Address,* 137 N. Carrollton av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 3667 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Garfield

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 5 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 4 Hadera alley

Cause of Death, First (Primary), ...

Second (Immediate), Cramton

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ec

Date of Burial, March 3

Undertaker Geo Duckart

Place of Business, ... *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry M. Steven
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 73668 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton B Hegary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 302 Penn ave

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), " "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Mar 3d 1884

Undertaker John E Monaghan

Place of Business, 320 Penn ave

Thomas Opie M. D.
Medical Attendant.

Address, 179 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7367 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2- 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 8 *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Minor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 278 N. Eutaw St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 3rd 1884

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

Wm E. Mosley M. D.
Medical Attendant.

Address, 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73689 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Baxter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, About 32 years

Place of Death, {Give street and Number.} 45 Preston St.

Cause of Death. First (Primary), Aphasia

Second (Immediate), Apoplexy

Duration of Last Sickness, About 10 days

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 4th 1884

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 262 Madison Ave.

Eldridge O. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73671 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd, 1894.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Joseph Ebrecki

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... 13 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 10 Burroughs St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

the above information should be furnished by the Physician.

Place of Burial, St Alphas

Date of Burial, May 6

Undertaker B. Lykens

Place of Business, 42 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73672

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73672 **Office of Registrar of Vital Statistics.** **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Riley.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death,
First (Primary), Exposure -
Second (Immediate), Exhaustion -

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 4/84.

Undertaker Frank McVeagh.

Place of Business, Division & Fremont, *Address,* Harlem av., Calhoun.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except ~~in~~ cases of births and deaths of illegitimate children. [OVER.]

No. 7367[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73673 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 2d, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 4/84

Undertaker Mark Nee Vey[illegible]

Place of Business, Division & Lanvale

R. M. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13674

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled-out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Reynolds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Dont

Birthplace, {State or country, and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} Asylum - 206 W Biddle st

Cause of death, First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, New Sharp st

Date of Burial, March 4th 1884

Undertaker, John J Andrews

Place of Business, No 4 Druid Hill Ave

C. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

Permit No. 73675 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M.c Hardy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chicago

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and Number.} 285 W. Pratt St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup.

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 4th 1884

Undertaker, W.W Jenkins & Sons

Place of Business, ~~Park & Saratoga Sts~~ *Address,* 97 N. Charles St.

Thos. L. Shearer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1361

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73676 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen V. & M. H. Kennard.

Sex, Male or Female, {Cross out the word not required in this line.} (Parents

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 165 S. Howard St

Cause of Death, First (Primary),

Second (Immediate) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Mch 3 - 1884

Undertaker S. W. Chase.

Place of Business,

..... M. D.

~~Medical Attendant.~~

Address, Com'r of Health & Reg'n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. E. Dunning

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1367

Board of Health, City of Baltimore,

Permit No. 3677 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d. March. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mike Czyzewski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7. *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} S. Ann Street 247.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 Days

the above information should be furnished by the Physician.

Place of Burial, At Greene's

Date of Burial, 3 March

Undertaker Randall & Lynch

Place of Business, 157 E. Pratt

Williams Hunter M. D.
Medical Attendant.

Address, S. Wolfe 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73678 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander B. Roy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 390 Lemmal St

Cause of Death. First (Primary). Pneumonia & Heart

Second (Immediate). Dropsical Effusion

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 4/84

Undertaker J. B. Cook

Place of Business, 907 W. Balto St *Address,*

J. H. J. Snyder *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13679 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Riston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* — *Days,* /

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 177 Hollins St

Cause of Death,
First, (Primary,) Basilar Meningitis
Second, (Immediate,) Convulsion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 4th 1884

Undertaker, S. M. Leonard & Son

Place of Business, 182 W. Baltimore *Address,* SW. cor. Edmondson Ave & Schroeder

H. G. Hill *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shaw

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, Eighty Six *Years,* Four *Months,* ..... *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 6th District Balt Co Md

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number} 322 Lexington St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Disease of Stomach

Duration of last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Tuesday 4th inst

Undertaker, E. K. Dill

Place of Business, 139 Hanover

E. W. Hall M. D.
Medical Attendant.

Address, 192 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7368 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7368 1 *Office of Registrar of Vital Statistics.* **Ward** 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Agnes Laferty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* 9 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt-

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 1149 E Biddle St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 4th

Undertaker Adam Fink

Place of Business, 461 N. Gay st *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

15

Board of Health, City of Baltimore,

Permit No. 73682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph a. O'Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cannmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 301 S. Charles St near Lombard St

Cause of Death, {First (Primary,) Phthisis Pulmonalis; Second (Immediate,) Asthenia}

Duration of Last Sickness, 9 Mos

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Mch 4th 1882

Undertaker, Amos Kemp

Place of Business, 26 S Eight

Richd Henry Thomas M. D.
Medical Attendant.

Address 207 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73683 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st of March 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Curry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty Eight (68) *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Owner of Carts.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Forty Eight (48) Years.

Place of Death, {Give street and Number.} 466 - Hanford Avenue, Baltimore

Cause of Death, First, (Primary,) Malignant disease of the Abdomen

Second, (Immediate,) Supposed - Cancer of Mesentery.

Duration of Last Sickness, For three Months, Confined to House.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 4 1884

Undertaker, James F. Byrne

Place of Business, 1167 E. Grant St.

W. C. Van Bibber M. D.,
Medical Attendant.

Address, 44. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73684 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 3. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Holmes

Sex, ~~Male~~, *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* 7 *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sheffield England

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and Number.} 10 N Monroe & Frederick Ave.

Cause of Death, First (Primary) I believe it was heart disease.

Second (Immediate) died before I arrived

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Mch 5/84

Undertaker Geo Shilling

Place of Business,

J. G. Kuchelman M. D.
Medical Attendant.

Address, 74 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13685 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Hilte

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 16 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 220 Chesnut St.

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give street and Number.} 220 Chesnut St.

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Pt Welcome Cemetery

Date of Burial, March 4 1884

Undertaker C.W. Bamberger

Place of Business, 7 Lombard St

H. U. Shultz M. D.
Medical Attendant.

Address, 407 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1080

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7386 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Clifford

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 665 Cathedral County

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, March 5th 1884

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73687 *Office of Registrar of Vital Statistics.* Ward 1 of 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E. Griffith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } No. 878 Eastern Ave.

Cause of Death. First (Primary), Old Age

Second (Immediate), ...

Duration of Last Sickness. One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 4th 84

Undertaker G. Franc

Place of Business, Bank & Wolfe

M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore.

Permit No. 73684 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Wood Turner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} No. 414 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 5th 84

Undertaker G. France

Place of Business, Pant & Wolfe *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 73689 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Whiting

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } No. 289 S. Broadway

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 5th 84

Undertaker G. France

Place of Business, Bank & Holliday *Address,* 34 E. Lombard

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 736[illegible]

Board of Health, City of Baltimore,

Permit No. 73690 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stadelmeier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} S. E. Cor Eager & Stirling Sts

Cause of Death, First (Primary), Rheumatism

Second (Immediate)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 5th

Undertaker Geo. Schilling

Place of Business, Holland bet Lig[illegible]

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7369 / *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard K. Perkins

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 180 Druid Hill ave

Cause of Death, First (Primary), Meningitis - Simple.

Second (Immediate), Exhaustion,

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, March 4th 1884

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 188 Franklin

J. H. Miller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7369

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 March 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capt. Richard Fleming Foley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 47 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Sea Captain

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 192 North Gilmor Street

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Mch 5th 1884

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette St

John J. Caldwell M. D.
Medical Attendant.

Address Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 73693

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73693 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Alma Hanna

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* Two *Months,* Three *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 42 Edmondson Avenue.

Cause of Death,
First (Primary), Inanition
Second (Immediate), "

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 5th 1884

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73694

Board of Health, City of Baltimore,

Permit No. 73694 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Otelus Simpson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 27 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #4 Shuter

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 4 1884

Undertaker J J Locke

Place of Business, #73 Jefferson

Geo. F. Taylor M. D.
Medical Attendant.

Address 234 N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73695 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March, 2nd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, Henry, Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 7, *Months,* 27 *Days,*

Color, Black

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 N Dallas St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 4th 1884

Undertaker J J Cook

Place of Business, #73 Jefferson

Wm. L. Russell M. D.
Medical Attendant.

Address, 938 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73696 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March — 3 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison L. C. Farr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* about ~~Months,~~ ~~Days.~~

Color, white

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Illinois (?)

Duration of Residence in the City of Baltimore, 30 or 40 years

Place of Death, {Give street and Number.} 128 Chew St

Cause of Death, First, (Primary,) Acute Lobar Pneumonia

Second, (Immediate,) Apnoea {Patient Died at 4 A.M. on 2nd day of attack.}

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 6th 1884

Undertaker, Joseph F. Byrne

Place of Business, 69 Libert

R. F. Grove M. D.,
Medical Attendant.

DR. B. F. GROVE,
Address: 236 E. BIDDLE STREET,
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73697 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos M Allnutt

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 398 Hollins st

Cause of Death, First (Primary), Malignant Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mch. 4/84

Undertaker J. B. Cook

Place of Business, 907 W. Balto St *Address,* 319 Hollins st

James Bowling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73698 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Biddison

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 533. West Fayette St.

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th 1884

Undertaker, Henry Mitchell

Place of Business, 550 W Fayette St *Address,* 506. W Fayette St

A. G. Fox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7369[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73699 *Office of Registrar of Vital Statistics.* **Ward** 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 March 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 23 Hinligh

Cause of Death, First (Primary), ... } meningitis

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, March 5-th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

C. H. Hoffman M. D.
Medical Attendant.

Address, 59 Hinligh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73700 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd, 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth J. Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, W

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 396 E. Monument st.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 5th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73701

Board of Health, City of Baltimore,

Permit No. 73701 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Jodefton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Engraver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 23 N Gay St

Cause of Death, First (Primary),

Second (Immediate) Paralysis of the heart

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem.

Date of Burial, March 5th 1884

Undertaker Wm H Hickman

Place of Business, 234 N. Gay St.

H. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73702

Board of Health, City of Baltimore,

Permit No. 73702 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

Date of Death, March 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Castle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,* 1

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Chestnut alley (Cor Russell and Cross)

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 6 1884

Undertaker S W Chase

Place of Business, 198 Howard St

James A. Stewart M. D.
Medical Attendant.

Address, Commissioner of Health's Registrar
Per C. W. Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

John E Dunning

[OVER.]

No. 13703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13703 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Healy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 13 S Frisel alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, one year

the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, March 4th

Undertaker Clark & Sons

Place of Business,

James A Steuart M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sanitary Inspector

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73704 *Office of Registrar of Vital Statistics* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sramenita Jerry

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color ed

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Music teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Neighbor st

Cause of Death, First (Primary), Rheumatic Sore throat

Second (Immediate), Marasmus Bed sores

Duration of Last Sickness, 5 years 6 Months 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1884

Undertaker S. M. Chase

Place of Business, 198 S. Howard

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73705

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73705 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 284 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feby March 8/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Kreggenwikel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* 15 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 157 E. Buthil

Cause of Death, First (Primary), Haemorrhage - middle ear

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens C

Date of Burial, March 5 84

Undertaker W. J. Kipp & C

Place of Business, ...

G. L. Martin M. D.
Medical Attendant.

Address, 77 E. Bowery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73706 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Mitchell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 57 Granby St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St James's

Date of Burial, March 5th

Undertaker, Mitchell & Keyser

Place of Business,

Geo. S. Kinsman M. D., Medical Attendant.

Address, East End

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7370

Board of Health, City of Baltimore,

Permit No. 13707 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 319 N. Central ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 Months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 7 1884

Undertaker Henry Hoeck & Son

Place of Business, 209 W Pratt St. *Address,* Cor Eden & Biddle Sts

E. B. Tenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73700

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73708 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James C. Spamer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 863 W. Baltimore St.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 10 or 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 5th 1884

Undertaker Henry Hook & Son

Place of Business, 309 N. Eutaw St. *Address,* * 303 N. Carolina St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 13709

Board of Health, City of Baltimore,

Permit No. 13709 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest D Kaltenbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia, Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and Number.} 272 N. Ann St.

Cause of Death, First (Primary),

Second (Immediate) Ascites

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 6. 1884

Undertaker Handley & Son

Place of Business, 257 Eastern Ave

Nicholas L Duthill, Jr. M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 13710

Board of Health, City of Baltimore,

Permit No. 73710 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura M. Lumsden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Home Life

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 115 S. Exeter St.

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 4th 1884

Undertaker Jas. P. Flynn

Place of Business, 6 & Fund Address, 88 S. Baltimore St.

A. Kreppsherger M. D.
Medical Attendant.

HEALTH DEPT. MAR 4 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73711 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAR 4 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie S Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ga & Ala

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 11 Vincent Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 4 04

Undertaker, W. H Bishop & Co

Place of Business, 97 Druid Hill Ave

B A Turner M. D.,
Medical Attendant.

Address, 2 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7371/2 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 76 Somerset St

Cause of Death, First (Primary), Acute Bronchitis Catarrh

Second (Immediate), Consumption

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, 6 of March 1884

Undertaker Henry Hipp

Place of Business, [illegible] St.

M. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 73713

Board of Health, City of Baltimore,

Permit No. 73713 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 4 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Frieker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 23 North Eden

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th

Undertaker George Schilling

Place of Business,

Dr. Benzinger M. D.
Medical Attendant.

Address, Broadway & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76714 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 4 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Charles Bach~~ March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Six weeks ~~*Days,*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursey & Child's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 4

Undertaker, [illegible]

Place of Business, [illegible]

T. A. Abbe *M. D.,* Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 13112

Board of Health, City of Baltimore,

Permit No. 23715. *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Ann Sherer

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 457 Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 6

Undertaker Joseph B Orth

Place of Business, 707 W Baltimore

J. L. Smith M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7377 &

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73716 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 3 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clementine Barnes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore all her life

Place of Death, {Give street and Number.} 4 Jones alley

Cause of Death, First (Primary), Brights disease

Second (Immediate), Dropsy

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, March 6 1894

Undertaker J S W Chase

Place of Business,

J Wimmett Hoss M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7317 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Parker

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.} ~~Male~~ Female

Age, 27 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 Canton Ave

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 7 1884

Undertaker S H Chase

Place of Business, 198 Howard

Jno D Hall M. D.
Medical Attendant.

Address, 158 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 73718 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Gardner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 6 Paul st. City

Cause of Death, First (Primary), Pneumonia Tuberculation of arteries

of brain.

Second (Immediate), Clot in Pons Varolii

Duration of Last Sickness, 4 to 6 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 6th 1884

Undertaker, John S. Mackie

Place of Business, 1130 Canton Ave

J. G. Wilkinson M. D.
Medical Attendant.

Address, Fayette & Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73719 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia Morris

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* ——— *Months,* ——— *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} King & Queen Co Va

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and Number.} 93 Lanvale St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. March 8th 1884

Undertaker, W. H. Daniels

Place of Business, No 42 East St

H. H. Nelson M. D.,
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78720 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Young.

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 197. Vine St.

Cause of death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, March 5th 1884

Undertaker, William A. Dorsey

Place of Business, No 62 East St

A. L. Fox M. D.,
Medical Attendant.

Address, 506. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13121

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7372 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Wallace

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days,*

Color, colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, {Give street and Number.} 57 N. Dallas St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, March 5 1884

Undertaker William Lange

Place of Business 162 East St

G. W. Rusk M. D.
Medical Attendant.

Address, 791 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73721

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73721 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 28 Jackson St

Cause of Death, First (Primary), Typhus Measles

Second (Immediate), Meningitis

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 5th 1884

Undertaker John R. McCoy

Place of Business, 223 W. Fayette St *Address,* Balt. & Stricker

L. L. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ath, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73723 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenora A. Schmuck,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* 17 *Days,*

Color, White,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 145 Sharp St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis

Duration of Last Sickness, 5 days,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 6th 1884

Undertaker Wm J. Pickren

Place of Business, 65 S. Sharp St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13724 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia R Lumpkney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 10 *Months,* 11 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 221 Barre st

Cause of Death, First (Primary), Fall on the ice

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Olivet Cem

Date of Burial, March 6th 1884

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw st

C H Feeney M. D.
Medical Attendant.

Address, 76 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13120

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7372 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 March 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Seitz

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 10 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death. {Give street and Number.} Elbow Lane 35

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 6th 1884

Undertaker F. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 205 W Lombard St.

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 93726 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lee Oram

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* — *Months,* Twenty Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Hilton st.

Cause of death, First, (Primary,) Measles,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Country

Date of Burial, Mar. 5th/84

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

N. D. Smull M. D.,
Medical Attendant.

Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7372

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7372 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. McGreevy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Sexton

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 106 N. Aisquith St

Cause of Death, First (Primary), Left Room to the Jury.

Second (Immediate), probably suicide

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5th 1884

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St

J.G. Connolly M.D.

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73728 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 5th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. B. Lutsche

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 Burrough St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, about 1 week

the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Mar 6

Undertaker B. Hall

Place of Business, 82 West St. *Address,* 333 Light St.

Robert S. Love M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73729 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 3rd 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Miller

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 36 Hillcard St

Cause of Death, First (Primary). Pneumonia

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, March 5

Undertaker B. Hall

Place of Business, 82 Vine St *Address,* 144 Conway St

Geo. H. Dunson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73730

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73730 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 386 Hamburg St

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Oedema of the Lungs

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, March 7/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 146 Hanover St

Thurston & Co M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St. Marys Co Md

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 67 N. Durham st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 6 1884

Undertaker, T. J. Lacks

Place of Business, 73 Jefferson

Geo. Buchanan M.D.,
Medical Attendant.

Address, 380 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73732

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73732 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genevieve Thum

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 12 N. Poppleton st.

Cause of Death, First (Primary), Labor at term

Second (Immediate), Puerperal fever 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Mans

Date of Burial, 7 of March

Undertaker Walter Immel

Place of Business, No 315 W Biddle St *Address,* 561 N. Fremont st.

Bennett Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13733

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13733 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Jim & Mary Lewis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* A few minutes *Days,*

Color, D

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 152 York Ave

Cause of Death, First (Primary), Premature Labor

Second (Immediate), Asthenia

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, W. Pat Cemetery

Date of Burial, March 5th 1884

Undertaker L. Kershner

Place of Business, N. Arlington Ave

James A. Stewart M. D.
Medical Attendant.

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13734 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 3rd. 10½ P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Lonchamp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N. W. Cor. Park and Saratoga

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Since January

All the above information should be furnished by the Physician.

Place of Burial, Cedar's Anne Arundel Co Md.

Date of Burial, March 6th 1884

James E Donnelly M. D.
Medical Attendant.

Undertaker M. A Daiger

Place of Business, 74 & Bay

Address, 292 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3153 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 73735

Board of Health, City of Baltimore,

Permit No. 73735 ; *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 4 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie K. Yäkle

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 29 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. } 145 S Greene St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th 1884

Undertaker Geo Leimbach

Place of Business, 389 W. Pratt St

Thos Carter M. D.
Medical Attendant.

Address, 146 W Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 73736

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73736 *Office of Registrar of Vital Statistics.* **Ward** 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th March 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 2 *Days,*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 Leadenhall St.

Cause of Death, First (Primary). Pneumonia

Second (Immediate). Convulsions et Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 6 1884

L. D. Dyer *M. D.*
Medical Attendant.

Undertaker C W Chase

Place of Business, 198 Howard St *Address,* 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ected in City of Baltimore will ... No. 73737

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73737 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 4th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Louis Meid

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* 3 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } 36 E. Baltimore St

Cause of Death, First (Primary), General

Second (Immediate), Paralysis

Duration of Last Sickness, about 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 6 1884

Jno. T. Smith M. D.
Medical Attendant.

Undertaker John Kenney

Place of Business, 382 Eutaw St *Address,* 281 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 73738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73738 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Schultz (mother)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 339 Alice Anna St

Cause of Death, First (Primary), Premature Birth 6 mos

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, March 6th 1884

Undertaker H. Sander & Son

Place of Business, Alice Anna St *Address,* Registrar

James A. Stewart M. D.
Medical Attendant.

Recorded Name

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73739 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Baumann.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 22 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Berlin, Germany

Duration of Residence in the City of Baltimore, One Week

Place of Death, { Give street and Number. } Ship Maryland at foot of Am St

Cause of Death, First, (Primary,)

Second, (Immediate,) Injuries, Produced by a fall.

Duration of Last Sickness, Died in five minutes after my arrival

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 6th 1884 A. L. Dashiell, Jr. M. D.,

Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna Address 257 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73740 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

Date of Death, March 3rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E. Vance

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, 27 *Years,* — *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } M

Occupation Brass Worker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 66 Hull Ave

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, March 7th 84

Undertaker G. Franz

Place of Business, Pearl & Wolfe Sts *Address,* Bowdoin & Hull

Isaac Jennings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73741 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida May Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 hours Years, *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 2 Gilmor St [illegible] Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 468 No. Gilmor St [illegible]

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Mar 6th 1884

Undertaker E. E. Monaghan

Place of Business, 298 Penna Ave *Address,* [illegible]

C. G. Spence M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 13142

Board of Health, City of Baltimore,

Permit No. 7374½ *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Funk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 7 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Architect & Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and Number.} 66 Stricker

Cause of Death. First (Primary), Softening of Brain

Second (Immediate), " " "

Duration of Last Sickness, Ten Weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, the 7 March 84

Undertaker John E Hough & Co

Place of Business, 295 Penn ave "

J. J. Johnston M. D.
Medical Attendant.

Address, 431 Lemon Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73743

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73743 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *absolutely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Slopiski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 148 Chesapeake St.

Cause of Death, First (Primary), Measles

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Comy

Date of Burial, 7 March 1884

R. W. Mansfield M. D.
Medical Attendant.

Undertaker John C. Schenck

Place of Business, 265 Aliceanna *Address* 1178 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73744 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twelve *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Southbridge St

Cause of Death, First, (Primary,) Consumption Consumption

Second, (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, about six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Zions Church Cem, Balto. Co.

Date of Burial, March 7/84

Undertaker, P. J. Dill

Place of Business, 83 Columbia St

Edwin Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Ann Morris

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 1/2 years

Place of Death, {Give street and number.} 343 Lemmon Ave

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Paralysis right side

Duration of Last Sickness, 5 to 6 hours

All the above information should be furnished by the Physician.

Place of Burial, New Ark Delaware

Date of Burial, March 7th 1884

Undertaker, H W Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address* 142 Bolton St

E Ridgely Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3/57 Jenkins

No. 73746

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73746 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 6 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Trust

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 27 *Years,* *Months,* *Days,*

Color, black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Augusta Co. Va.

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and Number.} 10 Shields Alley Balto Md.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar. 6 84

{*Undertaker,* A. F. Hemsley

Place of Business,

John H. Bowie M. D.,
Medical Attendant.

Address, 359 Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73747 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Etta Maulsuff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One Years, Six Months, Twenty five Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Jordan Alley

Cause of death, First, (Primary,) Heart

Second, (Immediate,) Catarrhal Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 6th

Undertaker, Thomas Henson

Place of Business, 56 Sarah[illegible]n

W. D. Small M. D.,
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73748 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Byrnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 479. Franklin

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnemae

Date of Burial, March 6th/84

Undertaker Matthew Cassogan

Place of Business, 227 Mulberry St

Edwd F. Nicholas M. D.
Medical Attendant.

Address, 283. N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73749 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 1/2 *Months,* — *Days,*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 134 Hanover Lane

Cause of Death,
First (Primary),
Second (Immediate), Spasms

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 6/84

Undertaker W. N. Dryer

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cor Bowers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

C. E. Brown
Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 73750 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

Date of Death, March 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Carr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and Number.} 100 N. Howard St.

Cause of Death, First, (Primary,) Cancer of the breast

Second, (Immediate,) ———

Duration of Last Sickness, 1 year,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem

Date of Burial, March 7th 1884

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

B. A. Turner, M. D., Medical Attendant.

Address, 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73757 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Flanney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Randall & Marshall sts

Cause of Death, First (Primary),

Second (Immediate), Spasm

Duration of Last Sickness, Three or Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant

Date of Burial, March 6

Undertaker B. J. Haug

Place of Business, 8 a Wat St

H. L. Spain M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 13752 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vogel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 506. Light St

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar 7th

Thomas Cottee M. D.
Medical Attendant.

Undertaker B. Hays

Place of Business, 52 West 11 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73753 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Blake.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and Number.} 199 Dimon Alley

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loud St. Cem

Date of Burial, March 7th 1884

Undertaker Hercules Ross

Place of Business.

James A Steuart M. D.
Medical Attendant.

Address, Comm" of Health & Reg"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wm. E. Fielding

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73754 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 6. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah R. Paslay

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 23 S. Wolfe St.

Cause of Death, First (Primary), Rheumatic Fever

Second (Immediate), Carditis

Duration of Last Sickness, One months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemty

Date of Burial, March 7/84

Undertaker Wm Lloyd

Place of Business, Wardlow

G. L. Lusk M. D.
Medical Attendant.

Address, Balt. & Easton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

Permit No. 73755 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ettany E. Bateman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ~~*Days,*~~

Color, Colored

~~*Married, Single, Widow or Widower*~~ {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 13 Jones Court

Cause of Death, First (Primary), Spasms

Second (Immediate), Hemorrhage

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1884

James A Steuart M. D.
Medical Attendant.

Undertaker W. W. Madden

Place of Business, 46 East St *Address,* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McShane
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73756 *Office of Registrar of Vital Statistics.* Ward 5 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Mar. 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Forrest

Cause of Death, First (Primary). Syphilis, Cong.

Second (Immediate).

Duration of Last Sickness 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, march 6 1884

Undertaker William Monroe

Place of Business, No 62 Eutaw St.

E. B. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ...

2040

Board of Health, City of Baltimore,

(4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7375 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Hosmer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* .....

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Buckingham co Va

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 129 N Front near Gay St

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1884

Undertaker, William N Dunger

Place of Business No 62 East St

Richd Sappington M. D.
Medical Attendant.

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on p.

Board of Health, City of Baltimore,

Permit No. 73758 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAR 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Carter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and Number.} 128 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 7 weeks 3 days

All the above information should be furnished by the Physician.

Place of Burial, Levan Cemetery

Date of Burial, March 7 1884

Undertaker William McGuire

Place of Business No 62 East St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

Permit No. 73759 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 48 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 110 Hanover St

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, 25 minutes

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 7 1884

Undertaker Chas Engel Sons

Place of Business, 263 Light

Edward Coyle M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

HEALTH DEPT. MAR 6 1884 BALTIMORE

Permit No. 73760 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Carthy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 156 E. Washington St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness 12 mos

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, March 7th 84

Undertaker G. Trance

Place of Business, Bank & Wolfe

Edward Kelly M. D.
Medical Attendant.

Address, 158 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 9

Permit No. 73761 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Jebilski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation dis-

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Since Birth

Duration of Residence in the City of Baltimore, # 329 Alice Anna St.

Place of Death, {Give street and Number.} Pneumonia

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, Thirteen Days

the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, March 8th 84

Undertaker G. Franz

Place of Business, Franz & Wolfe *Address,* # 243 Alice Anna St.

John H. Kellogg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Park ave

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Park & Richmond

Cause of Death, First, (Primary.) Meningitis - Convulsions

Second, (Immediate.) (St Vitus Dance

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 1884

Undertaker, W. H Bishop & Co

Place of Business, 97 Druid Hill

C B Gamble M.D.,
Medical Attendant.

Address, 5 Y Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73763 *Office of Registrar of Vital Statistics.* Ward 24 of

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Carol

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 19 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 222 S. Bond Street

Cause of Death, First (Primary), Catarhal Bronchitis

Second (Immediate)

Duration of Last Sickness, abt 5 Days

the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, March 7th 1884

Undertaker H. Sandenstrow

Place of Business, Allegania St

Chas. M. Mott M. D.
Medical Attendant.

Coroner
Address, 67 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 43764 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th March 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Kraber

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 83 *Years,* ... *Months,* ... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Berlin

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 920 162 & Stricker St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) old age

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 7th 1884

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* for Stricker & Lowndes

M. McGrann M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 97

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Drummond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 85 1/4 St Paul st

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) do not know

Duration of Last Sickness, do not know

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn J. Morris Drummond *M. D.*

Medical Attendant.

Date of Burial, March 7

Undertaker, A Hennig

Place of Business, Corchard st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73766 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jerhusen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 234 E Eager st

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 9th 1884

Undertaker, Adam Fink

Place of Business, 46 W Eager *Address,* 258 N Eden st

J H Warner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73767 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michel Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 81 Somerset St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem

Date of Burial, March 8th 1884

Undertaker Adam Fink

Place of Business, 461 W Gay St

Jno Brooke Bond M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 month & days

Place of Death, {Give street and number.} # 46 ~~Front~~ St Paul Park Ave

Cause of Death, First (Primary,) Scrofulous.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 1 month & 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 7

J. W. Boteler M. D.
Medical Attendant.

Undertaker, Dippel

Place of Business, 171 & Bond st

Address 340. E. Pratt St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73769 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Reker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} # 475 E. Monument St.

Cause of Death, First (Primary), Measles

Second (Immediate). Congestion of Brain

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Co

Date of Burial, March 8

Undertaker W. Dippel

Place of Business,

E. P. Sons M. D.
Medical Attendant.

Address, # 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73770 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fredrane Lundmann

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 56 *Years,* ~ *Months,* ~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 178 Broadway

Cause of Death, First (Primary), Pneumonia

Second (Immediate), about 2 days

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 7

Undertaker H. Dupfel

Place of Business, 151 Bond St

E. Williams M. D.
Medical Attendant.

Address, 53 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7377 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Dressel

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 75 *Years,* 1 *Month,* *Days,*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years in Balto.

Place of Death, {Give street and Number.} 216 Mulberry St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, about ½ month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, March 8th '84

Undertaker A. Rosenberger

Place of Business, 70 Mulberry St *Address,* 2 Cathedral St

Medical Attendant, J. Genius M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73772 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 4 O.C.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Parker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 5 *Days,*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 4 yrs. 4 mos. 5 days

Place of Death, {Give street and Number.} 61 Clay St

Cause of Death, First (Primary), Scald

Second (Immediate), Bronchitis, Pharyngeta &c

Duration of Last Sickness, one month

the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 7th 1884

Undertaker I. C. Jordan

Place of Business, Park ave

Wm P. Clemm M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73773 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marx Levi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not known

Occupation German Emmigrant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, ~~Two~~ x x x

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 7th 1884

Undertaker H. Sander Son

Place of Business, 252 Lombard Address, University Hospital

Ralph Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73774 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Geo. Braitsch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 149 Franklin St

Cause of Death, First, (Primary.) Catarrhal Pneumonia

Second, (Immediate.) Simple Meningitis

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7 J. A. Giles M. D.,

Undertaker, Walter Smee Medical Attendant.

Place of Business, 315 N. Bidd Address, 158 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73775 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th Mch 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas N. Pfeffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} States Ct.

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 2 Jasper St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 mos — 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7

Undertaker, Walter Simmel

Place of Business, 315 W. Baltimore *Address,* 175 Saratoga St

Wm Jackson Evans M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73776 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 7 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Young

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death. {Give street and Number.} 46 Carlton

Cause of Death, First (Primary), Cardiac affection.

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter cemetery

Date of Burial, March 7 1884

Undertaker William N Driver

Place of Business No 62 East St

O. Edw. January, M. D.
Medical Attendant.

Address, Balto Hous. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 73777 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie I. Black

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 317 E. Pratt st.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73778. *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Dailey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 317 South Durham St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial. E. Balto Cemetery

Date of Burial, March 7 1884

Undertaker G. Rinehart

Place of Business, 23 Forrest St

Thomas A Henry M. D.

~~Medical Attendant~~.

Address, Court House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73779 *Office of Registrar of Vital Statistics.* **Ward** 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 84 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lindsey Fate

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 6 *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 217 S Durham Ave

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, March 7th 1884

Undertaker G. Rinehart

Place of Business, 23 Forrest Pl *Address,* Baltimore

Thomas A Steiner M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73780 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 7 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick Frech Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 9 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 222 Columbia av.

Cause of Death, First (Primary), Typhoid Malaria

Second (Immediate), Prostration

Duration of Last Sickness, 13 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9, 84

Undertaker Ph. J. Dill

Place of Business, 183 Columbia Av. *Address,* 166 S. Paca St.

R. A. Buddenhagen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73781 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Mch 6 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence C. Jones

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 13 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 344 Madison Ave.

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel

Date of Burial, March 8th 84

Undertaker Hug & Bro

Place of Business, 87 N Broadway *Address,* 1151 E Fayette Ave.

L. M. Robinson M. D.
Medical Attendant.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73782 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6 84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ottmar Frederick

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 16 *Years,* 5 *Months,* 16 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Errand boy.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and Number. } 200 Hughes

Cause of Death, First (Primary),

Second (Immediate) Tuberculosis

Duration of Last Sickness, Some time.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9 Thurs

Undertaker Henry Bride

Place of Business, Henrietta S1 N 81

L. Cathorn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73783 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zachariah Miles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 519 W Lombard St

Cause of Death,
First (Primary), Chronic Drunkness
Second (Immediate), ~~Chronic Drunkness~~ - Congestion Chest
Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore

Alexander Simon M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7374

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 23784 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 164 Johnson

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 9

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore

Edw F. Nicholson M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 23785 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 7th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas H. Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 50 Clark St.

Cause of Death. First (Primary), Phthisis pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, about 1 year

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mch 8 1884

Undertaker John W. Jackson

Place of Business, Gay & Caroline Sts *Address,* 262 Madison Ave.

Eldridge C. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73786 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence G. Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 16 Argyle ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia (Bronchial)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9th 1884

Undertaker John T. Andrews

Place of Business 1064 & 1066 Druid Hill Ave

Theodore Gotte M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73787 *Office of Registrar of Vital Statistics.* Ward 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie E Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ... *Months,* ... *Days,*

Color, White White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} in Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} Kelso Home No. 87 E. Baltimore St.

Cause of Death, First, (Primary,) Scarlatina 7d

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, March 8th 1884

Undertaker, Thos G Hughes

Place of Business, 110 E. Balto

Wm Kelso M. D., Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 75788 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bristol Bayless

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* 2 *Months,* 7 *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Nearly 2 Years

Place of Death, { Give street and Number. } 210. Fawcett St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, March 9th 1884

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Thomas Shearer M. D., Medical Attendant.

Address, 97. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Call Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 73789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE DEPARTMENT MAR 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis A Wideneyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Stone Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 518 W Baltimore St

Cause of Death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Burial

Date of Burial, March 9th

Undertaker, A Rohde

Place of Business, 48 Penna Ave

Jno B Turner M. D.
Medical Attendant.

Address, 64 N Poca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 7th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H. P. Kitzmeyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 5 *Years,* 2 *Months,* ____ *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 173 Lexington St.

Cause of Death, First, (Primary,) Scarlatina Hæmorrhagica

Second, (Immediate,) " "

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th

Undertaker, A Rohde

Place of Business, 48 Penna ave

H K Hetterhoff M. D.
Medical Attendant.

Address, 705 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73791 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza M. Mansfield

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 62 yrs.

Place of Death, {Give street and Number.} 157 E. Pratt st.

Cause of Death, First (Primary), old age

Second (Immediate), General debility

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cimitary

Date of Burial, March 10th 1884

R. M. Mansfield M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, *Address,* 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. Also to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 73792 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Moncur Kellon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 212 N. Eutaw St

Cause of death, First, (Primary,) —

Second, (Immediate,) Old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 10th

Undertaker, Geo. Schilling

Place of Business,

Chr. H. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73793 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Cook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29 Ensor St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9 1884

Undertaker Garmans Bakeman

Place of Business, 163 Forest

J. A. Cotman M. D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73794 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius F. O'Connell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 288 E. Monument St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemy

Date of Burial, March 8 1884

Undertaker Chas P Byrne

Place of Business, 63 Front St

Jno Ronaldson M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73795 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Alexander Augustus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 130 Lee St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 9 1884

Edward Coale M. D.
Medical Attendant.

Undertaker H Wass

Place of Business, 95 E Monroe *Address,* 146 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73796 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Trewolla

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Abt 24 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} N.W. Cor York & Wilkins Sts

Cause of Death, First (Primary), —

Second (Immediate), Asthma

Duration of Last Sickness, —

the above information should be furnished by the Physician

Place of Burial, St Peters Cem

Date of Burial, March 9-1884

Undertaker C. F. Krouse & Son

Place of Business, 209 Hanover *Address,* 161 S Eutaw St

Dud. Bell M. D.
Medical Attendant
Coroner
So Dept

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73797 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 7 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bridget Cassey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 16 Int ad

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. Mch 10th 1884

Undertaker, Wm Jenkins Sons

Place of Business, Park Ave

D Luckett M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Harris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 hours *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 49 Etting St Balto Md

Duration of Residence in the City of Baltimore, 9 hours

Place of Death, {Give street and number} 49 Etting St

Cause of Death {First, (Primary,) Unknown} {Second, (Immediate,) " } child was about 7½ mos. and non viable one

Duration of last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 9th 1884

Undertaker, Chas J. Scriven

Place of Business, No 271 N Eutaw St

Frank J. Flannery, M. D.
Medical Attendant.

Address, Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 73799 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 5. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Bauer

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* 10 *Days.*

Color, wht

~~*Married,*~~ *Single,* ~~*Widow*~~ *or Widower,* { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } md.

Duration of Residence in the City of Baltimore, –

Place of Death, { Give street and Number. } No 7. W. Federal st

Cause of Death, First, (Primary,) cerebro - spinal meningitis

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 10th 1884

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st

G Lane Tanyhill M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 73800 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1884 BALTO.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lawrence Frickel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 *Years,* 11 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Milk dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 276 S Bond

Cause of Death, First (Primary), Congestive Chill

Second (Immediate) Prostration

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel,

Date of Burial, March 9th 1884.

Undertaker Peter Frey

Place of Business, 91 Elon Av. *Address* 299 E Balto St

Jas E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 70

Board of Health, City of Baltimore.

Permit No. 73801 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Koffenberger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 25 Years

Place of Death, {Give street and Number.} 68 Albemarle Street

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 9th 1884

Undertaker Peter Frey

Place of Business, 91 Eden Ave

Phil. Morfit M. D.
Corner E. D. Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(10

Permit No. 73804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Jane McMackin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty Six (56) Years, Three Months, Nine — Days.

Color, White Sex, Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penna.

Duration of Residence in the City of Baltimore, Five Months.

Place of Death, {Give street and number.} 165 Lexington St.

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,) Paralysis.

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 9th 1884

William B. Hidden M. D.
Medical Attendant.

Undertaker, Charles Sevinny

Place of Business, 271 Eutaw St. Address 84 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 73803 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Elmer Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 273 Mulberry St.

Cause of Death, First (Primary), Acute Bright's Disease

Second (Immediate), Spasms

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 9

Undertaker M. Kadigan

Place of Business, Myerberg & Mills *Address,* 226 Mulberry St.

Louis (KS) Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 73804 *Office of Registrar of Vital Statistics.* Ward 13 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Shepsman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days,*

Color, ed

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} # 88 - Booth St

Cause of Death, First (Primary).

Second (Immediate). Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 8/84

Undertaker W. H. Dwyer

Place of Business, East 31

I Almost Clean M. D.

~~Medical Attendant.~~

Address, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown
Sanitary Inspector

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 73805 *Office of Registrar of Vital Statistics.* **Ward** 11 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Keys

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5^9 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 98 W. Monument st

Cause of Death, First (Primary),

Second (Immediate), Cerebral Paralysis

Duration of Last Sickness,

the above info mation should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 10th 1884

C. O'Donovan M. D.
Medical Attendant.

Undertaker Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 115 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 73806 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 7/884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter J. Frad.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Cerebritis —

Second (Immediate), Convulsions —

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 9/884

Undertaker Mark the Vaugh.

Place of Business, Irwin & Jansen

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7380 **Office of Registrar of Vital Statistics.** **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. M. Long.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum

Cause of Death, First (Primary), Spinal trouble - Infantile paralysis

Second (Immediate), Exhaustion.

Duration of Last Sickness, Unknown. Sick when admitted.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 9/884

Undertaker Frank McVey

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 73808 .. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Grady

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cobb County

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 21 S. Fremont Av

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 9th 1884

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St

W. R. McAllen M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 73809 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Curran

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 61 Years

Place of Death, {Give street and Number.} No 310 Eight St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) old age

Duration of Last Sickness, Death Was only Sick Hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 9/84

Undertaker, M. E. Curran

Place of Business, 53 Aisquith

J. C. Busch M. D.,
Medical Attendant.

Address, 15 Hanover St

HEALTH DEPAR... MAR 8 1894 BALTI...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 73810

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

Date of Death, March 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarette Norris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 Years, Months, Days.

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore. Md.

Duration of Residence in the City of Baltimore, 70 Years.

Place of Death, {Give street and number.} 286. Mosher St.

Cause of death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 9th 1884

Undertaker, Deeney and Mitchell

Place of Business, 530 W. Fayette St

Addison C. Fox M. D.,
Medical Attendant.

Address, 506. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73811 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Armitage

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 Mos

Place of Death, {Give street and number.} 740. Lexington St

Cause of death, First, (Primary,) Senile Decay

Second, (Immediate,) —

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City Md

Date of Burial, Mch 10-84

Undertaker, J Emory Whitfield

Place of Business, 506 W Fayette

Chas Optiz *M. D.,* Medical Attendant.

Address, Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 73814 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 7 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Bauman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 y 6 m 25 *Years,* *Months,* *Days,*

Color, Negress

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number. } 297 W Baltimore St

Cause of Death, First, (Primary,) Old Confinement

Second, (Immediate,) Exhaustion from Pulmonic Inflammation

Duration of Last Sickness, 16 days

At the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 8th

Undertaker, H Voss

Place of Business, 95 Lombard St

Alfred Dowdle M. D.,
Medical Attendant.

Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 73813 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Anderson

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Hack Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 34 year

Place of Death, { Give street and Number. } # 90 George St. Myrtle Av.

Cause of Death, First (Primary), Thrown from Carriage Causing

Second (Immediate), Injuries to Brain & Spinal Column

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, March 10/84

Undertaker J. B. Cook

Place of Business, 907 E. Balto St *Address,* 294 Druid Av.

Louis Hoffday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 73814 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7- 84-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Lyons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 Years -

Place of Death, {Give street and Number.} St- Joseph's Hospital

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St- James' Cemetery

Date of Burial, March 9th 1884

Undertaker H. Schnellbach

Place of Business, E- Monument *Address,* 188 N Gilbert St

Oscar Hooker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7th March, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jackson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, Black *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Drayman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 43 Rose Street.

Cause of Death, {First (Primary,) Phthisis. Second (Immediate,)

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 9th

Undertaker, W. Hemsley

Place of Business, 110 Orchard st

Gro. J. Collins, M. D.
Medical Attendant.

80 W. John Street.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore.

Permit No. 73816 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lambertus Beatz

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 382 E. Fayette

Cause of Death, First (Primary), Lues congenita

Second (Immediate), Marasmus

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 10th 1884

Undertaker Louis C. Koehler

Place of Business, 388 E. Fayette *Address,* 1485 Baltimore

J. Watters M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is hereby earnestly invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie S Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 22 S Canollton Av

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 S Canollton Av

Cause of Death {First, (Primary,) Measles

Second, (Immediate,)

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 10th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

Robt K Knees M.D.

Medical Attendant.

Address, 554 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 73818 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie May Lazare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 294 N. Stricker St.

Cause of death, First, (Primary,) Scarlatina maligna (& Diphtheritis)

Second, (Immediate,) Cerebral Paralysis from Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 9/84

Undertaker, W. Weaver

Place of Business, N. Eutaw

R. W. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore.

Permit No. 73819 — *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7- 84 10 30 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gus A. Dandelet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 9th, 1884

Undertaker Wm. H. Hickman

Place of Business, 284 N. Gay St.

J. H. White M. D.
Medical Attendant.

Address, St. Josephs Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73820 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Locke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 5 *Years,* 6 *Months,* 27 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Keeper of Livery & Hack Stables

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 65 S. Wolf st.

Cause of Death, First (Primary), Hyperkrofy of the Prostate gland

Second (Immediate), ~ Paralysis ~

Duration of Last Sickness, ~ 12 months ~

All the above information should be furnished by the Physician.

Place of Burial, Lauderdale Cemetery

Date of Burial, March 10 84

Undertaker Alf Hussey

Place of Business,

Thomas B. Evans M. D.
62
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 73821 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva, Maggie, Dietz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 18 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, {Give street and Number.} 211 Eden St

Cause of Death, First (Primary), Croup - Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 10th 1884

Wm. E. Russell M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 W. Fayette *Address,* 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 73822 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Banks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color, Negro

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 34 Moore St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Puerperal Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 9th "

Undertaker, Charles Sirum

Place of Business, 271 Eutaw St

H. M. Wilson M. D.,
Medical Attendant.

Address, 257 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 73823 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 4 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Conrad Dove

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 97 E. Oraw St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate).....

Duration of Last Sickness, Since Monday 3rd called in 7th

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel.

Date of Burial, 9th of March.

Undertaker Fred Gaede.

Place of Business, 29 S. Caroline St. *Address,* 299 E Baltimore St

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 73824 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 35 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Central Police Station

Cause of Death, First (Primary), Natural Causes.

Second (Immediate), probably heart disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, March 9th 1884

Undertaker, Geo Rhinehart

Place of Business, Forest Place

F. G. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 73845 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Virginia Pierce

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 11 *Months,* [illegible] *Days*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt Co Md

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, { Give street and Number. } # 6 Price's Court

Cause of Death, First (Primary), Cerebro Meningitis

Second (Immediate),

Duration of Last Sickness. about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, March 9 1884

Undertaker William Lange, *Place of Business,* No 62 East St

Jno. M. Ferrier M. D. Medical Attendant.

Address, 238 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 73826 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleon P. Tull } Parents
Anna Tull }

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 55 Conway St.

Cause of Death, First (Primary), ...
Second (Immediate). Atelectasis Neonatorum.

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 9th 1884

Undertaker J. Kershner

Place of Business, Arlington

R. J. H. Tull. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases c

Board of Health, City of Baltimore,

Permit No. 73847 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *as soon as filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 9
1884
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert A Talley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* 9 *Months,* 7 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 482. Madison Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Monday March 10th 1884

Undertaker, [illegible]

Place of Business, 35 Park Ave.

Thomas Sheares M. D., Medical Attendant.

Address, 97. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73828 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 8-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyrus Duvall

~~Sex~~, Male or ~~Female~~. {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Brick maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Va

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and Number.} Hospital Green & Fayette

Cause of Death, First (Primary), Enlarged Prostate

Second (Immediate), asthenia

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 10th 1884

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,*

F. K. West *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73829 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Stanmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} Mulberry let

Cause of Death, First (Primary),

Second (Immediate), Measles

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Mch 10th 1884

Undertaker Dungee

Place of Business,

Thos A Means M. D.

~~Medical Attendant.~~

Address, Cor Pr & Cs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Walter. le Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73830 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis A Nelson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 60 Penn St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia Marasmus

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cemetery

Date of Burial, March 9th 1884

Undertaker, S. W. Chase

Place of Business, ...

J. R. Nelson M. D., Medical Attendant.

Address, 1211 E Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 73831 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Wells

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~30 Stiles St~~ Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 30 Stiles St.

Cause of Death, First (Primary),

Second (Immediate), Measles.

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 10th

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St.

Nicholas L. Dashiell, Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 13832

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13832 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lutz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 95 E. Avenue

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, Since March 4th 1884

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 10th 1884

Undertaker Peter Freg

Place of Business, 91 Eastern Ave

James E Emmitt M. D.
Medical Attendant.

Address, 292 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73833

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th March 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Fulton Ave near Franklin

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Meningitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 10th 1884

H. W. Owings M.D.,
Medical Attendant.

Undertaker J. M. Leonard & Son

Place of Business 782 W. Baltimore st *Address,* 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7383[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecil Lee Roy Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Two Months, 11 Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 437 N. Central Ave.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) "

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery A. G. Hudson M. D.

Date of Burial, March 10th Medical Attendant.

Undertaker, George Schilling *Address* 437 N. Central Ave.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73835 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Cremen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Knapps Institute Holliday St

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Asthenia

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 10th 1884

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts

F. E. Chatard Jr M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73836 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9. 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Spriggs

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 17 Jordan al

Cause of Death, First, (Primary,) I have not seen this child for some

Second, (Immediate,) time, when I last saw it it had Bronchitis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, M Peters Cemetery

Date of Burial, March 10th

Undertaker, Thomas Henson

Place of Business, 56 Sarah St *Address,* 723 Madison Ave

J E Atkinson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73837 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8-1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily A. Cockey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, Ten (10) Years.

Place of Death, {Give street and Number.} #280 Mosher St

Cause of Death, First (Primary), Asthma

Second (Immediate), Chronic

Duration of Last Sickness, Several Years.

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 11th 1884

Undertaker Steward & Mowen

Place of Business, 36 Park ave

Geo. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73838 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie & John L. Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male } Parents

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Wolfe & Bolt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 85 N. Wolfe St

Cause of Death. First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, 1 day —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 1884

Undertaker Wm Fry

Place of Business, N. Broadway

J. J. Gwyn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73839 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Dare

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } F.

Age, ... *Years,* Two *Months,* seven *Days,*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery & Childs Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fountain Park

Date of Burial, Mar 8

Undertaker, G W Bozzord

Place of Business, 198 Penna Ave

T. A. Ashby M. D.,
Medical Attendant.

Address, 22 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73840 Office of Registrar of Vital Statistics. Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary M Wheeler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 120 S. Broadway

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 11th 1884

Undertaker, Denny & Whitehill

Place of Business, 66 S Broadway *Address,* 92 E Baltimore St

James E Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73821 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 8th. 2:20 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Carney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — 12 — *Years,* — 5 — *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No. 12 Perkins St.

Cause of Death, First (Primary), Injury of right foot, caused by piece of rusty wire &c.

Second (Immediate), Traumatic-tetanus

Duration of Last Sickness, One week.

the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 10th 1884

Undertaker Wm H Cook

Place of Business, No 707 W Baltimore st

Wm H. Taylor Dise M. D.
Medical Attendant.

Address, Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7381/42 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline C. Burbaum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 150 Raborg st

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, Few moments.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Mch. 10/84

Undertaker J. B. Cook

Place of Business, 207 W. Balto. *Address,* Corner

Alexander Tinley M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73843 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* / *Months,* ..... *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 51 Lexington St

Cause of Death. First (Primary), ...

Second (Immediate) Inflamation of Lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Sharpe St

Date of Burial March 11th 84

Undertaker Samuel Case

Place of Business, 198 Druid

F. G. Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73844 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Reed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 147 Hollins st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11

James T Bradley M. D.
Medical Attendant.

Undertaker J B Cook & Son

Place of Business 707 W Baltimore *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13845

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73845 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wachter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 758 S. Charles

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Mar 10

Undertaker J. Hall

Place of Business, 82 West St.

J. K. Vitz M. D.
Medical Attendant.

Address, 195 West Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73846 *Office of Register of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~January 8th~~ March 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Seitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant - Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} N. 30 Lee Street

Cause of Death, First, (Primary,) Liver Abscess.

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 11

Undertaker, B. Hark

Place of Business, 62 Wolff

Henry Salzer M. D.
Medical Attendant.

Address, 169 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73847 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Purnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* — *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Oxford St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) "

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 10 84

Undertaker, Alf Hensley

Place of Business, 1160 Eastern Av

W. B. Browne M. D.

Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73848 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 8th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa E. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 337 N. Hoffman St.

Cause of Death, First (Primary), Measles

Second (Immediate), Marasmus

Duration of Last Sickness, About 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Mar 10 84

Undertaker Alex Hemsley

Place of Business, Orchard

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. #73849 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Alt Hoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 454 Lanvale St

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 10 1884

Undertaker Blizzard ..... *M. D.*

Place of Business, Penna ..... *Address,* ..... Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73857 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* One *Months,* One *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 68 Campridge

Cause of Death, First (Primary), Marasmus

Second (Immediate), as Above

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 10th 84

Undertaker G. Trance

Place of Business, 9 Paca & Wells St.

J. L. Burtus M. D.
Medical Attendant.

Address, 77 E. Barclay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7385 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Theresia Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 19 S E Fayette St

Cause of Death. First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Al Cemetery

Date of Burial, March 11 1884

Undertaker H. Hofmeister

Place of Business, 13 N Eden St

E E Shuter M. D.
Medical Attendant.

Address, 19 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73852 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Renee Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* —— *Months,* —— *Days,*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 314 East St

Cause of Death, First (Primary), Hemorrhage

Second (Immediate), Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemy

Date of Burial, March 10/84

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker Geo Rhinehart

Place of Business, Forest Place *Address,* Camp 16

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73853

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3. 8. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Jennie F. Foelore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* + *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Cecil Co

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number.} 33 N. Stricker St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 3 or 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 10th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* H. W. Fayette

L. Gitting M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13134

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73854. *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cordia S Butler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* 10 *Months,* 9 *Days,*

Color, (Over)

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and Number. } 91 Bolton st

Cause of Death, First (Primary),

Second (Immediate) Consumption of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 11th 84

Undertaker J. H. McCoy

Place of Business, 27 W. Fayette St *Address,* 982 W. Fayette

O'Neill Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73855 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 9 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura V. Murray

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 237 Fremont Ave

Cause of Death, First (Primary), Gastritis

Second (Immediate) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 11th 1884

Undertaker M. A. Daigh

Place of Business, 34 S. Broadway

J. A. Robinson M. D.
Medical Attendant.

Address, 237 Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73856 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Hayes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fredericksburg Va

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } 48 Little Monument St

Cause of Death, First (Primary), Ca Abortion

Second (Immediate), Metritis & Septicemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, March 10 1884

Undertaker W W Madden

Place of Business, 46 East St

Edward de Jarnette M. D.
Medical Attendant.

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3158 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73857 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 8 - 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helena Harman

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 62 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation Nil

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, { Give street and Number. } 163 asylum ave

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Asthenia

Duration of Last Sickness, 2 mos —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, wed 12th

Undertaker John F. Bowman

Place of Business, Hollins Cemetery

W. Stuart M. D

Medical Attendant.

Address, 1434 Eden [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 73830

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73858 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Pardoe

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 161 Lee St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Old Oliver Cem

Date of Burial, March 10th 1884

Undertaker Wm. J. Trickett

Place of Business, 65 S. Eutaw st

Edward Lotz M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73859

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlessinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Laborer~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~———~~ V

Place of Death, {Give street and number.} Pratt & Ho 5c

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 10. 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern ave

John A Schultz M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73860 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 - 1 A M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 194 E. Baltimore St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, Since Mar. 6. 1884

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, March 11. 1884

Undertaker Ch. Rossiter

Place of Business, 196 E Baltimore

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73861

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73861 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Christoph Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} * 196 S. Spring St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia (Croupal)

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 11 st

Undertaker W Dipped

Place of Business, [illegible]

John H. Rehberger M. D.
Medical Attendant.

Address, 743 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7386

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73862 *Office of Registrar of Vital Statistics.* **Ward** 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 10 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3.9.84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Malinda Turner

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* ..... *Days,*

Color ed

~~*Married*~~, *Single*, *Widow or Widower*, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 2 8/12 yrs

Place of Death, { Give street and Number. } 210 Warner

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 6 1884

Undertaker Ross

Place of Business, 45 Conway St

L. M. Eastman M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73863 *Office of Registrar of Vital Statistics.* **Ward** 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1924 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th.; 10:5 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Fell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and Number.} No. 449 Saratoga St.

Cause of Death, First (Primary), Rheumatism & heart Disease

Second (Immediate), Dropsy (General)

Duration of Last Sickness, 2 years.

The above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 11th 1924

Undertaker Mrs. L. Haus

Place of Business, 317 Mulberry St

Wm. Holden Dew M. D.
Medical Attendant.

Address, Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73864 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Feshline

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and Number.} 219 Preston St.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis —

Duration of Last Sickness, Six (6) months —

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 11th 1884

Undertaker Mrs L. Kaus

Place of Business, 317 Mulberry St *Address,* 112 N. Greene

Louis H. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 98

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73865 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 9 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley Morton (Lewellyn Martin)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days,*

Color, blk

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} W

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto and

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 42 Dorcester nr Eutaw St

Cause of Death, First (Primary), old age

Second (Immediate) Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, March 11 1884

Undertaker Morgenthaler

Place of Business, 9 Mulberry St

W. H. Hamm M. D.
Medical Attendant.

Address, 85 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73866 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Pearce

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset County Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 26 Harris St

Cause of Death, First (Primary), a fall down a Stairway

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 12/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St.

L. G. Gantt M. D.
Medical Attendant.

Address, 584 W Hazell St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73867 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Renard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 558 Hanford ave

Cause of Death, First (Primary), Whooping Cough.

Second (Immediate), Consumption.

Duration of Last Sickness, Several days.

the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemtr

Date of Burial, March 11, 1884.

Undertaker Henry Hocke

Place of Business, 309 Central Ave

Chas. P. Elwell M. D.
Medical Attendant.

Address, 431 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73868 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Claus

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 11 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Calligraph

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, & Lombard Nr 19

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Degeneratio adiposa generalis

Second (Immediate), Paralysis, Suffocation.

Duration of Last Sickness, 1 year

the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 12/84.

Undertaker C E Rau

Place of Business, 421/2 W Balto St *Address,* 247 Lombard

J Statter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13869

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13869 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Schlining

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give street and Number.} 380 Ramsay st

Cause of Death, First (Primary),

Second (Immediate), Diph Thria

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 11th 1884

Undertaker Jos H Cook

Place of Business, No 707 n Balto Street

D L Shier M. D.
Medical Attendant.

Address, 387 w Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73870 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 11. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie B Allnutt

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 8 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 398 Hollins St

Cause of Death, First (Primary), Malignant Scarlet Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Mch. 12/84

Undertaker J. B. Cook & James Bosley M. D.
Medical Attendant.

Place of Business, 707 W. Balto. St. *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73871 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Franklin P. H. Farmer

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 24 Years -

Place of Death, {Give street and Number.} 323 E. Eager St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 Years - (immediate) 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 12 th

Undertaker, Geo. Schilling

Place of Business,

Chas. A. Riley M. D.,
Medical Attendant.

Address, 306 Madison Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 73872

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73872 *Office of Registrar of Vital Statistics, Ward* 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Schnabel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ Widow ~~or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} No 267 East Madison St

Cause of Death, First (Primary), Irritation of air passages

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about twelve days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th

Undertaker Geo Schilling

Place of Business,

McClane & Taylor M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73873 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence X. Roder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Eight *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 77 E Biddle st

Cause of Death. First (Primary), Capillary Bronchitis

Second (Immediate), Eclampsia

Duration of Last Sickness, Two (10) Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th

Undertaker Geo. Schilling

Place of Business, —

D. A. Knox M. D.
Medical Attendant.

Address, 77 E Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73874

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73874 *Office of Registrar of Vital Statistics.* **Ward** 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Spanier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 9 Mercer st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th 1884

Undertaker W. H. Dunger

Place of Business, East St.

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Blank on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73875 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884 at 8½ A M

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Osgoodby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Aged Men's Home

Cause of Death, First, (Primary,) General degeneration of System

Second, (Immediate,) pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 12th at 3 P M

Undertaker, Mr Jenkins

Place of Business, Park & Saratoga Sts

H. M. Wilson M. D.,
Medical Attendant.

Address, 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73876 *Office of Registrar of Vital Statistics.* **Ward** 6 9/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Mallon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 215 Mulliken St

Cause of Death, First (Primary). Measles

Second (Immediate). Dropsy

Duration of Last Sickness, 5 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th/84

Undertaker W. M. Duncan

Place of Business, East St

Ernest Stewart M. D.
~~Medical Attendant.~~

Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

E. Wenman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7387 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Barber

~~Sex, Male~~ or Female, { Cross out the word not required in this line. } F

Age, 2 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and Number. } 16 Brevis alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 84

Undertaker, Chas H Riley M. D.,

Medical Attendant.

Place of Business, Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 75878 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin V. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 12 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 S. Collington Avenue

Cause of Death, First, (Primary,) Cynanche Trachealis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 12 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, H & E Pratt St.

James F. McShane M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73879 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 / 84.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wendell Bollman

Sex, Male or Female, { Cross out the word not required in this line. } male —

Age, 70 *Years,* 2 — *Months,* *Days,*

Color, White —

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City — M'l

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 117 Penn: Ave: City —

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Coma — —

Duration of Last Sickness, 3 months —

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday Mch 13th/84

Undertaker, [illegible]

Place of Business, 36 Park Ave.

D. of A. Powell M. D., Medical Attendant.

Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73880 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ed Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 9 *Days,*

Color, Col

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 451 Parkside alley

Cause of Death. First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1884

Undertaker Alex Hensley

Place of Business,

Jas A Steuart M. D.
Medical Attendant.

Address, Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

by Edward Scott Father

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73881 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Emily~~ Lucy M. Raynor

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Conn.

Duration of Residence in the City of Baltimore, 7 Days

Place of Death, {Give street and Number.} 108 W. Monument St.

Cause of Death, First (Primary), Pulmonary Apoplexy.

Second (Immediate),

Duration of Last Sickness, One Day.

the above information should be furnished by the Physician.

Place of Burial, Syracuse N.Y.

Date of Burial, Mch 14/84

C. O'Donovan M. D.
Medical Attendant.

Undertaker STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3159 Train [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73884 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and Number.} 307 Hollins St.

Cause of Death, First (Primary), Consumption (9 years)

Second (Immediate),

Duration of Last Sickness, 9 yearss

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 13th 1884

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

John Hood M. D.
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

Permit No. 73883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Annacost

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cahvell Co Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} 134 Washer St.

Cause of Death, First, (Primary,) Cancer of Spleen & Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 12th 1884

E. W. Free M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 192 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73884 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. C. Hardesty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 935 W. Balto. St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 4 Months

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 13" 1884 J. H. Chrisman M. D.

Medical Attendant.

Undertaker D. Emory & Mitchell

Place of Business, 536 W Fayette St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3160 Transcr [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73885 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday March 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin Goodwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 29 Wagon all.

Cause of Death, First (Primary),

Second (Immediate). Cancer of Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lorne Cemetery

Date of Burial, March 12 1884

Undertaker Wilbourn Bur[illegible]

Place of Business No 61 East

Thomas Morris M. D.
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

63

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ Nine *Months,* Eleven *Days.*

Color, Copper

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baton Rouge

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 225 Mulliken St

Cause of Death {First, (Primary,) Unavoidable exposure & Cold
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, About two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 11 1884

Undertaker, William Mc Burney

Place of Business, 1062

A. J. Foard M. D
Medical Attendant.

Address, 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73887 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob P. & Levina Lange

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 19 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 21 Walker St

Cause of Death, First (Primary), ~~~

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, one week

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 12th 1884

Undertaker B. Hall

Place of Business, West St

Jno. A. Sumwalt M.D.
Medical Attendant.

Address, Commissioner of Health & Radiator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore.

Permit No. 73888 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 11/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex McCoy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 203 E. Pratt St.

Cause of Death,
First (Primary), Inflammation of bowels
Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, County

Date of Burial, March 12

Undertaker Wendlinger Lipps

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 73889 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Most since - Probably but a few days

Place of Death, {Give street and Number.} David Josephs Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, March 12th 1884

Undertaker Geo. Rhinehart

Place of Business, Forest Place

Walter Wyman M. D.
Medical Attendant.

Address, Custom House - 2nd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore.

Permit No. 73890 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jose Coffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Yellow

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Probably

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chili

Duration of Residence in the City of Baltimore, Unknown: probably but few days

Place of Death, {Give street and Number.} Saint Josephs Hospital

Cause of Death, First (Primary), Jaundice and Typhoid

Second (Immediate),

Duration of Last Sickness, 39 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pedlar's Lane

Date of Burial, March 12th 1884

Undertaker G. Rhinehart

Place of Business, Forrest Place

Walter Wyman M. D.
Medical Attendant.

Address, U.S.M.H.S. Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73891 — *Office of Registrar of Vital Statistics.* — Ward 8 V

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schnaffer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany (36 yrs in America

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give street and Number. } 211 Forest St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemtery

Date of Burial, March 14, 1884

Undertaker Henry Hoch

Place of Business 309 Central Ave

Oscar Haken M. D.
Medical Attendant.

Address, 188 Wadsworth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 73892 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Hardy

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 10 *Months,* 22 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} Rear Alley 172 Hamburg St

Cause of Death, First (Primary), Debilitation of the Heart

Second (Immediate), Asthma & Bronchitis

Duration of Last Sickness, 18 days

the above info mation should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, March 13th 1884

London Coe M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 73893 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Tilghman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, ivl

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland American

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary.) Abscess of Lung Lobe

Second, (Immediate,) Asphyxia 3 hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 12th 1884

Undertaker, Geo Rheinhardt

Place of Business, Forrest Place Address, Cor Saratoga & Calvert Sts

H Kelelair M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 73894 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Thibes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Fracture of skull & arm

Second (Immediate), Collapse

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 11 1884

Undertaker Fred A Kuehnel

Place of Business, 129 Arlington Ave *Address,* University Hospital

F W Ed M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 73895 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Prince Winter

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, about 25 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Milliary Tuberculosis acute

Second (Immediate), asthenia

Duration of Last Sickness, 1½ Month

the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, March 11 1884

Undertaker Fred A Kershner

Place of Business, 129 Johnston Ave *Address,* University Hospital

F WEST M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73896

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter Retired from Business

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 40 N Bethel Street

Cause of Death, First, (Primary.) Organic Dis of heart - Asthma

Second, (Immediate.) Paralysis - Pneumonia

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Park ct

Date of Burial, March 13th 1884

Undertaker, John S. Meacher

Place of Business, No 150 Saratoga St

Richard McSherry M.D.,
Medical Attendant.

Address, 189 N. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73897 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 11 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Pugh

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 43 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ... 1

Place of Death, {Give street and Number.} 313 Eutaw St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial Sharp St Cem

Date of Burial, March 13 84

W. S. Bond M. D.
Medical Attendant.

Undertaker H Pall

Place of Business 95 Gordon St *Address,* 220 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 73898 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. F. Cantin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 9 *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cigar-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co, Md.

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and Number.} 264 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Consumption of the bowels

Duration of Last Sickness, 2½ Months

the above information should be furnished by the Physician.

Place of Burial Cedar Hill

Date of Burial, Mch 13/84

Robert S. Lowe M. D.
Medical Attendant.

Undertaker Armstrong

Place of Business, 262 Light *Address,* 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 130

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73899 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leva Mina Jones.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and Number.} 152 Sharp St.

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Tuberculosis.

Duration of Last Sickness, 14 months.

the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md.

Date of Burial, March 15 1884

Undertaker Arnett & Co

Place of Business, 263 Light

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. Transit 3162

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73900 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~William~~ ~~Jones~~ William Mayer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

~~*Age,*~~ ~~*Years,*~~ 2 minutes ~~*Months,*~~ ~~*Days,*~~

~~*Color,*~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 193 Fred ave

Cause of Death, First (Primary), (Tedious birth) asphyxia probably

Second (Immediate),

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 13/84

C. C. McDowell M. D.
Medical Attendant.

Undertaker John P. Paulus

Place of Business, 66 Fred ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73901 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soldier, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 6 Months, Days,

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 26 Willow St -

Cause of Death, First (Primary),

Second (Immediate). Meningitis

Duration of Last Sickness, 5 days -

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 13th 1884

Undertaker James McGinnis

Place of Business, 1x3 Baltimore St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73902 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josef Nicolaus Mathieu

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 15 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 245 S. Baltimore St.

Cause of Death, First (Primary), Morbilli maligni, Laryngo-

Second (Immediate), bronchitis, Hydrocephalus acutus

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem.

Date of Burial, March 13th 84

Undertaker G. Frank

Place of Business, Frank & Wolfe *Address,* 245 S. Baltimore St.

J. Mathieu M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 151

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73903 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Pfeifer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and Number.} 104 N. Schroeder St

Cause of Death, First (Primary),

Second (Immediate) Heart Disease Sudden Death

Duration of Last Sickness, Been sick 12 Days, with Old Age

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, March 13 1884

Undertaker J. B. Cook

Place of Business, 707 W. Baltimore *Address,* Corner

Alexander Fenton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 739

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73904 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 10 Oxford St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 13

Undertaker H. Hemsley

Place of Business, Merchant

R. H. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73905 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Folson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Washer & Ironer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 38 Cohen Alley

Cause of Death, First (Primary), Unknown

Second (Immediate) Unknown, patient was dead when I reached her

Duration of Last Sickness, about 1½ hours

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial March 13th 1884

Undertaker Wm J Gray

Place of Business, 45 Mulberry St. *Address,* 195 West London St

E R Wiley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73906 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1894 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 11 of March 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Giles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* years *Months,* —— *Days,*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Harmony Lane

Cause of Death, First (Primary), Convulsions

Second (Immediate), Prostration

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Calvin Charles Balto Co.

Date of Burial, March 13th 1894

B W Herman M. D.
Medical Attendant.

Undertaker Wm J Gray

Place of Business, 65 Mulberry St *Address,* 175 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

examination.

No. 7390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, (9)

Permit No. 7390

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Suter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Janitor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 19 Yrs.

Place of Death, {Give street and number} 46 Mulberry St.

Cause of Death First, (Primary,) Acute Peritonitis.

Second, (Immediate,) asthenia

Duration of last Sickness, about two months 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 13th 1884

Undertaker, Wm F Gray

Place of Business, 65 Mulberry

Eugene F Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 73908 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Meakin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 2 North Eden St

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 14

Undertaker Henry McInnis

Place of Business, 1811 Eutaw Pl

Jos E Bemiga M. D.
Medical Attendant.

Address, Bdy & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 73909 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 11. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hugh M Kenna.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 80 *Years,* — *Months,* — *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Laborer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death. { Give street and Number. } H & H Cemetery Lane

Cause of Death. First (Primary), Cancer ons. (Sec Cons.)

Second (Immediate), Exhaustion.

Duration of Last Sickness, about 14 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Can

Date of Burial, March 13

Undertaker Henry M. Kinnie

Place of Business, 8 N Central Ave

Jno. H. Logan M. D. Medical Attendant.

Address, 238 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 73910 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kiesweller

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and Number.} 7 L. McElderry St.

Cause of Death. First (Primary), Diarrhea at Old age

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th

Undertaker Geo. Schilling

Place of Business,

E. B. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7391 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11/84.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca J. Cassell.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow.

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pittsburg, Penna. 85 years.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 272 Mulberry St.

Cause of Death, First (Primary),

Second (Immediate), Inflamation of Stomach and debility from old age. Two months

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 14th 1884

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 73912 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jessaon

Sex, Male or Female, {Cross out the word not required in this line.} Male ~~Female~~

Age, 40 *Years,* ..... *Months,* ..... *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 9 Peach alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Mount St Len

Date of Burial, March 13 1884

Undertaker H Voss

Place of Business 95 Conway

C U Bond M. D.
Medical Attendant.

Address, 210 Harford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore, 15

Permit No. 73913 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 12th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Drury

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 86 Barre St.

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Tuberculosis.

Duration of Last Sickness, 12 Months.

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cy

Date of Burial, March 13th 1884

R. J. H. Tall M. D.
Medical Attendant.

Undertaker John S. Maclay

Place of Business, No 150 Saratoga *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 73914 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Spriggs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer - Chimney Sweeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and Number.} 73 Griffith Court.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13 1884

Undertaker William Lange

Place of Business, 62 Eastst

A. V. Gosweiler, M. D.
Medical Attendant.

Address, 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

8

Permit No. 73915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul L. E. Lapinner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teacher.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, five years.

Place of Death, {Give street and number} 23 E. Hoffman st E of Gay

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, Sick for two years.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem.

Date of Burial, March 14 th

H. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

Address, 205 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 73916 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary~~ Annie M. Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 weeks *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 114. E. Lombard St

Cause of Death. First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 14/84

Undertaker Michael Feeney

Place of Business, 1635 Bank *Address,* Corner

J. G. Connelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 73917 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Dew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 2 9 Years 2 Months

Place of Death, {Give street and Number.} 19 S. Gilmor St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Cardiac Hypertrophy.

Duration of Last Sickness, About 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Saturday March 15/84

Undertaker, John Macher

Place of Business, Fayette & Park Sts

Wm H. White, M. D.,
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Pac...

Board of Health, City of Baltimore,

Permit No. 73918 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th – 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Oliver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 12 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 mos : 12 days

Place of Death, {Give street and Number.} 138½ Raborg St

Cause of Death, First (Primary), ...

Second (Immediate), Probably, Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, March 12 1884

Undertaker William Dorsey

Place of Business No 62 East St

Wm P. Chum M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 73919 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3.10.84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz. Gross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and Number.} 55 Vincent al

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, a year

All the above information should be furnished by the Physician.

Place of Burial Lowndes Cemetery

Date of Burial, March 12 1884

Undertaker Wilson Donigan

Place of Business, No 62 East

Medical Attendant. *M. D.*

Address, 344 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 73920 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Hartlove

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Steward

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and Number. } Boose Ship Yard, foot Montgomery

Cause of Death, First (Primary), Internal injuries recd from a fall from Gun Carriage of Ship Hanover Campbell

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olive Cemetery

Date of Burial, March 14. 1884

Undertaker H Sander & Son

Place of Business, 257 Canton Ave

Dr. Bell M. D.

~~Medical Attendant~~ Coroner 5th Dist

Address, 161 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7392 / *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzi Delauffle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 1 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 338 Caut. av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, March 13 1884

R. W. Manfuld M. D.
Medical Attendant.

Undertaker H. Saunders & Son

Place of Business 252 Centre *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73922 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, prisoner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Goldschmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* one *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or ~~Widower,~~* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and Number.} #295 S Bond St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, three weeks.

the above Info ma[illegible] by the Physician.

Place of Burial St Paul's Cem

Date of Burial, March 13, 1884 John H. Rehberger M. D.

Medical Attendant.

Undertaker H. Saunders & Son

Place of Business, 252 Camden *Address,* 2432 Lee Town St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73923 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Bull

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 5 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 77 ~~Fort~~ Winchester St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 years (I was called 5 weeks ago)

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 14

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Geo. E. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73924 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 3 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } St Catharine Ann Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 163 N. Eden St

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate), ...

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 14 84

Samuel E. Arnelle M. D.
Medical Attendant.

Undertaker Michael Kenny

Place of Business, No 35 Bank *Address,* 219 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17 Mar

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 25 Goodmans al

Cause of Death, First, (Primary,) —

Second, (Immediate,) Dropsy

Sometime

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 14th 1884

R. C. Lee M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73926 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12, 84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Thurnes.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* ——— *Months,* ——— *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation none.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 417 Eutaw Street.

Cause of Death, First (Primary), ~~Pertussis~~ Bronchitis.

Second (Immediate), Bronchial Pneumonia.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 13th 84

Undertaker G. Franck

Place of Business, Bans & Wolf *Address,* 1 Dolan avenue

J. F. Martenet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ibbie Young

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 97 *Years,* — *Months,* — *Days.*

Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} No 3 Caroline Court

Cause of Death First, (Primary,)

Second, (Immediate,) Senectus

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial Asbury E. Cemetery

Date of Burial, March 14, 1884

S. H. Martin *M. D.*
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St *Address,* 133 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73928 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tuttle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 5 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 74 Parkin Ave

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Collapse

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14th 1884

A. McSherry M. D.,

Medical Attendant.

Undertaker, J. B. Cook

Place of Business 707 W. Balto. *Address,* 343 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 73929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Rosa O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. —

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, March 14th

{*Undertaker,* H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Edw'd F. Michel M. D.
Medical Attendant.

Address 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73930 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry E. Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 382 Hanford Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 14th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno. Rooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73931 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Tyson.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 222 Hanover St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, March 13 1884

Undertaker H Davis

Place of Business 98 Conway St

C. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73932 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew N. Sinclair

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 14 *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 76 Carlton Ave,

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 13 1884

Undertaker, H Pope

Place of Business, 95 Conway

C. D. Smith M. D., Medical Attendant.

Address, 168 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 73933

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73933 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Wolf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 19 Hampstead St

Cause of Death, First (Primary), Cancer

Second (Immediate), (Breast)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, March 14th 1884

Undertaker Wm Elam

Place of Business, 111 Gough St *Address,* 20 Broadway

E W Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73934 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12-84

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Schauermann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 12 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 367 No. Donough st

Cause of Death, First (Primary). Typho malarial fever

Second (Immediate). Peritonitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 14th 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St., *Address,* 325 E. Baltimore st.

Pierre Geo. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73935 *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Westley Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} ~~Rentlar near~~ Saratoga st (W. P. Station)

Cause of Death, First (Primary), Apoplexy - (Supposed by Whiskey)

Second (Immediate), Hemorrhage

Duration of Last Sickness, Found in shed and died in a few moments

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 16 1884

Undertaker Alf Hemsley

Place of Business,

Alexander Lesley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73936 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellexander Carroll

~~*Sex;*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 14 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 mos-

Place of Death, {Give street and Number.} 23 Lambert St

Cause of Death,
First, (Primary,) Tuberculis Meningitis
Second, (Immediate,)

Duration of Last Sickness, 3 mos-

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 14 1884

Undertaker, Alf Hennsley

Place of Business, ... *Address,* 306 Madison Ave

Chas H. Tiley M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73937 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 & 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Bowyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 S Lederhall St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery

Date of Burial, 14 April 84

Undertaker Geo Perkins & Co

Place of Business, 217 Hamburg St

Chas Berge M. D.
Medical Attendant.

Address, 210 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73938 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella V. Wadleigh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, W

~~Married~~ Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14

Place of Death, {Give street and Number.} 5 Summers Ct.

Cause of Death, First (Primary), Caries of Spine

Second (Immediate), Femoral Anaemia 4 mos

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, March 14 1884 C. H. P. Ellis M. D.

Medical Attendant.

Undertaker L. M. Henderson

Place of Business, 5 Sumner St *Address,* 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73939 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pruitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months.* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 days.

Place of Death. {Give street and Number.} 314 Light st.

Cause of Death. First (Primary), General Epilepsy

Second (Immediate), Congestion of lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14 1894

Undertaker C. F. Krouse & Son

Place of Business, 209 Hanover *Address,* 313 Light St.

R. Ross Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73940 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel H. Needles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germantown Pa

Duration of Residence in the City of Baltimore, 61 Years

Place of Death, {Give street and Number.} 84 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Nervous Prostration

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, Mch 14th 84

J. Shipman Laurence M. D.
Medical Attendant.

Undertaker STEWART & BOWEN UNDERTAKERS 66 Fourth Ave.

Place of Business, *Address,* 1220 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7394 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73941 *Office of Registrar of Vital Statistics.* **Ward** 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna R. Oberdeck

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 6 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 269 S Dallas St

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate), ...

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Western Ave.

Date of Burial, March 14th 84

Undertaker G. Frances

Place of Business, Banks & Wolfe

John A. Kellenger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7394 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Ziegenhein

Sex, Male or Female. {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 193 Hudson St

Cause of Death, First (Primary), Measles

Second (Immediate). Pneumonia

Duration of Last Sickness, Nine days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 15th 84

Undertaker G. Evans

Place of Business, Evans & Wolfe *Address,* 243 Aliceanna St.

John H. Kehlberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73943 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baumschuer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 883 E. Eastern Ave.

Cause of Death, First (Primary), Lung Fever

Second (Immediate)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, March 14th 84

Undertaker G. Franz

Place of Business, Franz & Wolf *Address* 414 S. Broadway

J. H. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73944

Office of Registrar of Vital Statistics.

1 St

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rheinmake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* no *Months,* no *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} No 30 Hare St. Canton

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 16th 84

Undertaker, G. Franc

Place of Business, Banks & Wolfe

Th. F. Owens *M.D.,*
Medical Attendant.

Address, No 8 S. n. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73945 *Office of Registrar of Vital Statistics.* Ward 16 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Agnes McLaughlin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 122 S. Paca St

Cause of Death,
First, (Primary,) Scarlet fever
Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cy

Date of Burial, March 14/84

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St *Address,*

S. Shuster *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1

Board of Health, City of Baltimore,

Permit No. 73946 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Marks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 284 N Broadway St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial Baltimore Hebrew cemetery

Date of Burial, March 14th 1884

Undertaker Jos B Loch

Place of Business No 707 W Baltimore St

Theodore Cortes M. D.
Medical Attendant.

Address 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Lake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland U.S. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 166 E. Baltimore St

Cause of Death, First, (Primary,) Measles and Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 15th 1884

Undertaker, John Lake

Place of Business, 166 E Balt St

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7394 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Conner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and Number.} 29 E. Madison St.

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 15th 1884

Undertaker John Luke

Place of Business, 166 E Balto St

M. B. Billingslea M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73949 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W Livingstone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* (18 *Months,*) ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 42 Fillman Street

Cause of Death, First, (Primary,) Cataarrhal Pneumonia

Second, (Immediate,) Apnoea.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14th 1884

Undertaker, Wm H Heckman

Place of Business, 1234 Pp

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73950 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice H. Feeny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 15th 1884 Oscar J. Cohen M. D.

Undertaker Joseph F Byrne Medical Attendant

Place of Business, 59½ Liberty *Address,* 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73957 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry I. Hinck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years.* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 68 years.

Place of Death, {Give street and Number.} 367 W. Fayette St.

Cause of Death, First (Primary).

Second (Immediate) Softening of Brain

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 14th 1884

Undertaker Wm. Weaver

Place of Business, No 202 N. Eutaw *Address,* 7 E. Baer's St.

J. N. Hinck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73952 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliane Kluszinska

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Mt. Calvary Cem.

Date of Burial, March 14. 1884

Undertaker C. Sander Son

Place of Business, 253 Caroline St. Address, University Hospital

WEST M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73953 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W. J. Schlincke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 2 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 335 Orleans St

Cause of Death, First (Primary), Unknown

Second (Immediate), Typho-malarial fever

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 16, 1884 Milton A. Duncan M. D.

Medical Attendant.

Undertaker John Hennig

Place of Business, 382 Orleans St *Address,* 38 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 73957 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Goodrich (Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three hours ~~Years~~, ~~Months~~, ~~Days~~,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 529 Druid Hill Ave.

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give street and Number.} 529 Druid Hill Ave.

Cause of Death, First (Primary), Long Labor

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Mar. 15th/84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St.

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73955 *Office of Registrar of Vital Statistics.* Ward 5 4/4

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Keelly

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* Eight *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Eight yrs

Place of Death, {Give street and Number.} 8 Forrest St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, hrs days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 17, 1884

Undertaker, Wm. et Lange

Place of Business, 62 East St

R. B. Gorsuch M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73956 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adelheid Meyer - wife of Henry Borgmann -

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 Years, — Months, — Days,

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Hanover Germany -

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and Number.} 45 - Clay St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, about 2 years - Had not seen her for over a year -

All the above information should be furnished by the Physician.

Place of Burial, Sweet home

Date of Burial, March 17th 1884

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry st.

Chas. H. Van Bibber M. D.,
Medical Attendant.

Address, 47 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73957 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} ~~Hydrocephalus~~ 92 South W

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 15 th

Undertaker, Wm Collins Supt

Place of Business, 121 Bond St

Geo. B. Kemp M. D., Medical Attendant.

Address, 73 E Fait St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73958 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Gordon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days,*

~~Color~~, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montrose Scotland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and Number.} 413 E. Eager St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1884

Undertaker, Jackson

Place of Business, Eager St

W. W. White, M. D.,
Medical Attendant.

Address, 349 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73959 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 Lemmert St City

Cause of Death, First (Primary), Cancer

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, March 15th

Undertaker B. Hale

Place of Business, 42 West St.

E. C. Wiley M. D.
Medical Attendant.

Address, 19 Lemmert Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73960 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie England.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bucks

Duration of Residence in the City of Baltimore, 26

Place of Death, {Give street and Number.} 2 Winans Row

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, May 16

Undertaker B. Hurd

Place of Business, 42 West St

R. Dorsey Ellis M. D.
Medical Attendant.

Address, 313 Light St

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73961 *Office of Registrar of Vital Statistics.* Ward 18?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Adair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 395 E Eutaw St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia & Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, March 17

Undertaker B. Hearle

Place of Business, 82 West St *Address,* 146 Hanover St

Thos Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73962 *Office of Registrar of Vital Statistics.* **Ward** 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schoenig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* 5 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} S

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} Cor. Lombard & Wolfe Sts.

Cause of Death. First (Primary), Measles

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, March 16/84

Undertaker Michael Funk

Place of Business, No 35 Bank St. *Address,*

A Tuttle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73963 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

Date of Death, March 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Frances Tourtellotte

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* 16 *Days,* 6

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Winona Minnesota

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and Number.} Barnums Hotel

Cause of Death, First (Primary), Bilious Remittent Fever

Second (Immediate), Failure of Heart

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Putnam Conn.

Date of Burial, March 15th 1884

Walter Wyman M. D.

Undertaker H.H. Jenkins & Son

Place of Business Park & Saratoga Sts. *Address,* Barnums Hotel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3163 Fremont [OVER.]

Board of Health, City of Baltimore,

Permit No. 73964 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Gehring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 16 Months, 16 Days,

Color, Colored

~~*Married,*~~ *Single,* ~~*Widowed or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} no 47 Chestnut ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, March 15 1888

Undertaker, Wilson Bouge

Place of Business, No 62 East st

H Nelson M. D.,
Medical Attendant.

Address, Mount Carmel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hebb, Sr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number} 292 Saratoga St.

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Congestion (Chronic)

Duration of last Sickness, The pneumonia 5 days. The Congestion 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cem.

Date of Burial, March 15th 1884

Charles Getz M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73966 *Office of Registrar of Vital Statistics.* **Ward** 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Geo. Leach.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Two *Years,* Five *Months,* [illegible] *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 540 Hanford ave.

Cause of Death, First (Primary), Pneumonia. Followed by Bronchitis.

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, Several weeks.

the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, March 15th 1884

Chas. A. Elwell, M. D.
Medical Attendant.

Undertaker Wm. H. Heckmann

Place of Business, 234 N. Gay St. *Address,* 551 Hanford ave.

HEALTH DEPARTMENT MAR 15 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 73967 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Stella Wilson.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pap Co. Va

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number.} 24 Hull St

Cause of death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, 11 or 12 hours

N.B. Was called just in time to see child die.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16.

Undertaker, B Hawks

Place of Business, West St 82

L Bacetti M. D.,
Medical Attendant.

Address, 66 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1576

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73968 *Office of Registrar of Vital Statistics.* **Ward** 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Richard Bennett

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 70 Lancaster Street

Cause of Death, First (Primary), Suicide by hanging

Second (Immediate).

Duration of Last Sickness, Sudden Death

The above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 16th 84

Chas M Moffit M. D.

Undertaker H C Saunders Son Coroners Medical Attendant.

Place of Business, 252 Eastern Ave *Address,* 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73969 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Collins

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 509 Light St

Cause of Death, First (Primary), —

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 16 1884

Ernest Zell M. D.
Medical Attendant.

Undertaker H. C. Sander & Son

Place of Business, 252 Canton Av *Address* 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73970 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gehoe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 106 Lexington St.

Cause of Death,
First (Primary),
Second (Immediate), Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 16th/84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St.

J. H. Kelly M. D.
Medical Attendant.

Address, 119 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 73971

Office of Registrar of Vital Statistics.

9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

Date of Death, March 14th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Koontz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 161 W Lombard st

Cause of Death, First, (Primary.) Puerperal Peritonitis.

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 15th 1884.

Undertaker, Geo Rhinehart

Place of Business, Forest Place

R. J. Smith. M.D.

W. R. Chapman M.D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 73972 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Francis Biddle

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 13 *Days,*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate). Pneumonia 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cathedral

Date of Burial, March 15th 1884

Undertaker Geo Rhinehart

Place of Business, — *Address,*

Thos J Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Child Brought in by Policeman

The special attention of Physicians is respectfully invited to the Notice below. Use no Blanks other than those furnished by the Board.

Board of Health, City of Baltimore,

Permit No. 73973 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Grossman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~266~~ 262 N Central ave

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Lodge

Date of Burial, March 15 1884

Undertaker, Henry Hook

Place of Business, 319 Central ave

F Owens M. D.,
Medical Attendant.

Address, 256 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th March, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Irene Fox

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 60 *Years,* 8 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Amherst Mass.

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death, {Give street and number} 308 W. Fayette St

Cause of Death, First, (Primary,) General Prostration with weak Heart

Second, (Immediate,) Spasm of Heart.

Duration of last Sickness, Two or three days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th March 1884

N. W. Littell M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts.

Address, Fayette & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kausche

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 24 Columbia Avenue

Cause of Death, First (Primary,) Meningitis Acute

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~March 16~~ Back Cemetery

Date of Burial, March 16

Undertaker, Walter Lemmle *Address* 82 Columbia Ave

Place of Business, 315 W. Baltimore

T Edmund Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73976 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria A Wilcox

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 4 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 181 N Mount St

Cause of Death, First (Primary),

Second (Immediate), Meningitis (Tubercular)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 16/1884 Edward Coe M. D.

Medical Attendant.

Undertaker W. Wartmann

Place of Business, *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 73977 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Noonan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Mill & Chesnutt

Cause of Death, First (Primary), Convulsions

Second (Immediate), Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 15th 1884

Geo. B. Reynolds M. D.

Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 n Frem 1st *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73978 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

Date of Death, March 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret M. Barber

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 3 *Months,* ~~~ *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 300 Hanbury St

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1884

James A Steuart M. D.
Medical Attendant.

Undertaker Hercules Ross

Place of Business, ~~~ *Address,* Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information from Mother

Board of Health, City of Baltimore, (19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. St Leger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grainer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give street and number} 684 N. Fayette st

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Some time

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 16th

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw *Address,* Hanover & Barre

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73980 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizo Tasco

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~5~~ Years, ~~11~~ Months, ~~6~~ Days,

Color, ~~c~~ X

Married, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co

Duration of Residence in the City of Baltimore, All

Place of Death, { Give street and Number. } 293 Dover st

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 hours, last attack

All the above information should be furnished by the Physician.

Place of Burial, ~~Green~~ Cecil mills

Date of Burial, March 15 - 84

Undertaker, Jn J Jordan

Place of Business, 63 Park Ave

A Voll Colburn M. D., Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73982 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant child of Jessie Tim

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } .....

Age, ... ~~Years,~~ ..... ~~Months,~~ Two Days,

Color, ed —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 5 Leck's Court —

Cause of Death, First (Primary), ...

General Debility —

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West Sub. County.

Date of Burial, March 12 1884

Undertaker Fred C. Kirchner

Place of Business. 129 Arlington Ave

Marie Thalwitzer stud. (M. D.)
Medical Attendant.

Address 126 N. Gutaw str
Women's medical College

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73982 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Jessie Linn

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Locust St

Cause of Death, { First (Primary), ——— Second (Immediate). General Debility

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 14 84

Undertaker F. A. Kirchner

Place of Business, 129 Arlington Ave

J. Mason Hundley M. D.
Medical Attendant.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Maria Thalwitzer. Student

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73983 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Dillfelder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* 2 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and Number.} 170 S. John Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate)

Duration of Last Sickness, 6 Months

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 16th 1884

Thos F. Shaw M. D.
Medical Attendant.

Undertaker G. France

Place of Business, Frank & Wolfe. *Address,* Hoff & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73984 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Tanker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3. Stockton alley near Lanvale

Cause of Death, First (Primary),

Second (Immediate). Asthenia

Duration of Last Sickness, all its life

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 1884

Thos A Glenn M. D.

Medical Attendant.

Undertaker W. H. Dunger

Place of Business, East St *Address,* Comm of Health

Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

E. Wiesman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73985 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 14th. 1:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Ann Sidney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 12 *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} N. 142 Island St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week.

the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 15 1884

Undertaker H. Voss

Place of Business, 95 Conway St. *Address,* Cor. Columbia Av. & Howard Sts.

Wm. H. Alderice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73986 *Office of Registrar of Vital Statistics.* Ward 13 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou Marks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 284 W Lombard st

Cause of Death, First (Primary),

Second (Immediate), Diphtheria Diphtheritic croup

Duration of Last Sickness, 1 Wee

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cem

Date of Burial, March 16/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 416 Hanover St

Howard Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to this matter.

Board of Health, City of Baltimore, 17

Permit No. 73987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gilbon

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, 31 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland— 8 years

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number } 69 Cookerie St

Cause of Death, First, (Primary,) Childbirth

Second, (Immediate,) Puerperal Fever

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's burn

Date of Burial, March 16. 1884

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

L. Roberts Coate M. D.
Medical Attendant.

Address, 118 Cath dral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73988 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Harrison Carr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *5 Months,* ..... *20 Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 169 Orleans St.

Cause of Death,
First (Primary), Scrofula
Second (Immediate), Convulsions

Duration of Last Sickness, 5 months

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 16. /48

Undertaker M. A. Darger.

Place of Business, 94 S. Bway

J. J. Smith M. D.
Medical Attendant.

Address, 137 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73989 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honor Jane Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 48 n Monroe st

Cause of Death, First (Primary), Disease of Liver

Second (Immediate),

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 17th,

James Bosley M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 530 W. Fayette St *Address,* 319 Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 73990 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} S. E. Cor. Exeter & Lemmon Sts

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 15 — Days.

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial March 16

Undertaker Henry McInnis

Place of Business, N. E. Central Ave

Francis A. Jones M. D.
Medical Attendant.

Address, 103 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73991 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 15 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore K Richer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 57 Clifford St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate).

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Mch. 16/84

Undertaker J. B. Cook

Place of Business, 207 W. Balto St. *Address,* 76 E Pleasant

M. H. Curran M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13992 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884 = 2 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower*~~ {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 126 Granby St

Cause of Death, First (Primary), Pulmonary Catarrh

Second (Immediate), Convulsions

Duration of Last Sickness, Three days, under treatment

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17 1884

A Rappolkenstein M. D.
Medical Attendant.

Undertaker C. Rennberger

Place of Business, 70 Hollins [illegible] *Address,* 88 E, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 73993 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie M. Ryan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 224 Clifton Place

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Mch 18th 84

Undertaker Kellenbarger & Sons

Place of Business, Park & Saratoga

C. O'Donovan M. D.
Medical Attendant.

Address,

MAR 16 1884

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 73994 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Baily

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} No 10 Jones Court.

Cause of Death, First (Primary), Inflammation of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 15 1884

Undertaker, S W Chase

Place of Business, 19 & Howard st

S. V. Hodgman M. D.
Medical Attendant.

Address, 346 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13995 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Witmaw

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, about 65 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and Number.} 2 Argyle ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Months

All the above Information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial. March 17th 1884

Undertaker, John S. Meacham

Place of Business, 1150 Lombard

W. J. Talbot M. D.,
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7996 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Holtz, Emma,

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 5 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 102 E. Hillen St.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Meningeal hemorrhage?

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Fells Point M. Cemetery

Date of Burial, Mch 16. 84

Undertaker Jacob Adreus

Place of Business, 31 N. High

J. A. Chambers M. D.
Medical Attendant.

Address, 133 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 73997 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1884.

MAR 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Gray

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation House maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co - Summerville P.O. Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} 43 Canadian St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness. Sev mons

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md

Date of Burial, March 16th 1884

Undertaker S. P. Chase

Place of Business, 178 S. Howard St *Address,*

John J. Caldwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7398 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

Date of Death, March 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male -

Age, Sixty *Years,* - *Months,* - *Days,*

Color, Mulatto

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married -

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Port Deposit Maryland

Duration of Residence in the City of Baltimore, Nearly all his life -

Place of Death, {Give street and Number.} On No. 8 Hamilton St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) "

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 15 1884

Undertaker, S W Chase

Place of Business, 198 S Howard St

L. I. Turner M. D., Medical Attendant.

Address, 34 Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office where ... Inside ...

No. 13999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 13999 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas McManus

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 35 *Years,* 9 *Months,* 27 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 16 1884

Undertaker James P Byrne

Place of Business, No 63 N Front *Address,* University Hospital

J West M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7400 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Healt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Storekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 30 Years

Place of Death, {Give street and Number.} 61 ft Wallace St

Cause of Death, First (Primary), Chronic Inflammation of

Second (Immediate), the Brain

Duration of Last Sickness, abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 16/84

Undertaker Henry Wagaman

Place of Business, 8 N Central ave

Chas E Turnbull M. D.
Medical Attendant.

Address, 62 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... y Invited to ... arks below, and to Lists ... ase on Back of this ...

Board of Health, City of Baltimore,

Permit No. 74001 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 17 BALTIMORE

Date of Death, 15th day March 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Foreman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 19 Little Pearl

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Mar 17 1884

Undertaker Chas Hennely

Place of Business,

D. F. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74007 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Frisby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* 1 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} No 3 Parrish alley

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} No 3 Parrish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 17 1884

Undertaker, H Dass

Place of Business, 95 Centre St

Geo K Warner M. D., Medical Attendant.

Address, Stricker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 74003 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. C. Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 6 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 501 N. Fremont St.

Cause of Death, First (Primary), General Debility

Second (Immediate), " "

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, March 17th 1884

Undertaker Wm H. Cook

Place of Business 1707 W. Baltimore St

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74004

Office of Registrar of Vital Statistics. 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

Date of Death, 3-16-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Raabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 8 *Months,* 2 9 *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Smuggler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 10½ yrs

Place of Death, {Give street and number.} 34 N. Schroeder St

Cause of Death, First, (Primary.) Endocarditis & Mitral

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 2 days & 4 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, March 18

Undertaker, J B Cook

Place of Business, 707 W Baltimore

L. L. Bitting M.D.,
Medical Attendant.

Address, 167 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 74005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74005 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 16th 1884

Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents. } Joseph Lehrer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 555 Monroe St

Cause of Death, First (Primary), ...

Second (Immediate) Umbilicus Hemorrhage

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 17th 1884

Undertaker Gus B Cook

Place of Business, No 707 E Baltimore St

W. K. McNemar M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 74096

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14: 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Beale

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Petersburg Va

Duration of Residence in the City of Baltimore, ~~Life~~ 16 years

Place of Death, { Give street and number. } 269 N. Stricker St

Cause of Death, First, (Primary.) Rheumatic Meningitis

Second, (Immediate.)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 17

Undertaker, C W Bryson

Place of Business, 428 Penn

P. E. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7400 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Golder

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 268 Mulberry Av

Cause of Death, First (Primary).

Second (Immediate). Paralysis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Mch 18th 84

Undertaker

Place of Business, 20 Fark Ave.

L. Gaudens M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 74008

Board of Health, City of Baltimore,

Permit No. 74008 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15. '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nettie E. Crooten

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 2 yrs. & 13 days (Life)

Place of Death, {Give street and Number.} 80 N. Wolfe St.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Eclampsia

Duration of Last Sickness, 3 d 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 17/84

Undertaker Fry & Son

Place of Business, 58 Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, 306 N. Carolin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Saturday of each week. No. 74009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74009 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hena Heimperlen

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 77 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Nil.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Barani Germany

Duration of Residence in the City of Baltimore, 21 Jear — 25 Hamden —

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Old age (+ had broke for Many)

Second (Immediate), Asthma

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Ch. Cemetery

Date of Burial, March 17

Undertaker W. Eilau

Place of Business, 101 Gough *Address,* 148 N Eutaw St

L. F. Lee M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 74010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74010 *Office of Registrar of Vital Statistics.* Ward 5 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Williams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days,*

Color, Black

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Hod Carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, ~

Place of Death, { Give street and Number. } 2 Short Alley

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, ~

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 16 1884

Undertaker William Lange

Place of Business, No 62 East St

F G Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 74011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74011 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Bonn Campbell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 817 E Pratt St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18th 1884

Undertaker Henry W. Mears

Place of Business, 415 N Gay St

I W Houck M.D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 14012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 14012 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gilman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 482 E. Eager St

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), ...

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17 1884

W. L. Russell M. D.

Medical Attendant.

Undertaker John Hennig

Place of Business, 382 Orleans St *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 74013

Board of Health, City of Baltimore,

Permit No. 74013 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Calvelage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Engine Works

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 37

Place of Death, {Give street and Number.} 91 Johnson

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 17th 1884

Undertaker C. F. Evans & Son

Place of Business, 209 Hanover

Wm A. Bell M. D.

Medical Attendant

Coroner's Phy

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 7 4014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74014

Office of Registrar of Vital Statistics.

(2)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 15—84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lowman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 17 Shakspear St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 17 th

Undertaker, [illegible]

Place of Business,

F. S. Moyer *M.D.,*
Medical Attendant.

Address, 15 Exeter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 74015

Board of Health, City of Baltimore,

Permit No. 74015 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *decidedly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Albert Crist

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 10 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 48 Bank St

Cause of Death, First (Primary), 1 Diphtheria followed by

Second (Immediate), Exhaustion.

Duration of Last Sickness, 18 days. Disease supposed

All the above information should be furnished by the Physician.

Place of Burial, Green Mount } disappeared.

Date of Burial, Mar 18th

Undertaker H Leffel

Place of Business,

D M Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 14016

Board of Health, City of Baltimore,

Permit No. 14016 *Office of Registrar of Vital Statistics.* Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 15th. March. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Barinska.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} S. Ann street 290

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 17

Undertaker [illegible]

Place of Business,

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 74017

Board of Health, City of Baltimore,

Permit No. 74017 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th. March. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Barinski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 13. Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and Number. } 8 Aunt. Alley

Cause of Death, First (Primary), Pleuritis

Second (Immediate), resulting

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, March 17 84

Undertaker H Duffy

Place of Business,

William Henkel M. D.
Medical Attendant.

Address, S. Wolford 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7401

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74018 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th March 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane T Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Dealer Canvasses

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2[illegible] S Howard st

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, March 17th

Undertaker Armstrong Bro

Place of Business, 2632 Light

H W Wells M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7,019 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAR 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbary Bozman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days,*

Color, White 7

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life-time)

Place of Death, { Give street and Number. } 15 Weber St

Cause of Death, First (Primary), Malarial poisoning,

Second (Immediate). Facial & throat Erysipelas

Duration of Last Sickness, About 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 18th 1884

Undertaker Austin Dunn

Place of Business, 263 Light

H. S. Smith, M. D.
Medical Attendant.

Address, 329 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74020 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Engra

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* = 9 *Months,* — *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 4 mo —

Place of Death, {Give street and Number.} 34 East Biddle

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) ~~———~~

Duration of Last Sickness, ~~———~~

All the above information should be furnished by the Physician.

Place of Burial, Stadtfassis Cimitery

Date of Burial, March 17

Undertaker, Forst and Crouch

Place of Business, corner Jefferson and Ensor sts

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 14021

Board of Health, City of Baltimore,

Permit No. 74021 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Washington Kennard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 6 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 85 S. Chester Street

Cause of Death, First, (Primary,) Nephritis

Second, (Immediate,) Uraemia Convulsions

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, March 18 1884

Undertaker, W. A. Daige

Place of Business, 74 Broadway *Address,* 417 E. Fayette St.

James E. Shaw M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7402

Board of Health, City of Baltimore

Permit No. 74022 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT MAR 17 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Chubb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, About thirty years

Place of Death, {Give street and Number.} No 211 St Paul St

Cause of Death, First (Primary).

Second (Immediate) Senile Gangrene

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, 19th March 1884

Undertaker Wm Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,*

Wm. Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3166 Franklin [OVER.]

No. 7402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74023 *Office of Registrar of Vital Statistics.* **Ward.** 6 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 7 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Catharine Lankesly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 7 *Months,* 11 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} X Somerset Co. Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 461 E. Fayette St.

Cause of Death. First (Primary), Metritis

Second (Immediate), Septicaemia

Duration of Last Sickness, Nine days

the above information should be furnished by the Physician.

Place of Burial, Locust Island

Date of Burial, March 17 1884

Undertaker W. A. Baiger

Place of Business, 7 & S. Broadway

G. Oland Cook M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3165 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific.

Board of Health, City of Baltimore.

Permit No. 7402 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 15. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. W. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days,*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and Number.} 37 Patterson Ave.

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 17th 1884

Undertaker Chas. T. Scriven

Place of Business. 271 N. Eutaw St. *Address,* 431 Penna. Ave.

J. J. Chrisfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74025 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HALL REGISTRATION MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th March 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Donald Tilghman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* (6). Six. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 400 St. Paul's St. Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 400 St. Paul's St. Baltimore

Cause of Death, First, (Primary,) Trismus Nascentium.

Second, (Immediate,) Trismus Nascentium.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 16th 1884

Undertaker, Lobdell & Sons

Place of Business, Park & Saratoga

W. C. Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 74026 *Office of Registrar of Vital Statistics.* Ward 2 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 11.25 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Louis Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Shoedre

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland - Germany 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Fell St.

Cause of Death, First (Primary), Chronic Cystitis

Second (Immediate),

Duration of Last Sickness, Since June 3rd.

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem.

Date of Burial, March 18th 84

Undertaker G. Franc

Place of Business, Pant & Wolf

Edwd C. Donnelly M. D.
Medical Attendant.

Address, 297 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 74027 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR. 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Roth

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 90 Thames St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 18th 84

Undertaker, G. France

Place of Business, Pants & Wolfe *Address,* 207 S. Broadway

Nicholas L. Dashiell, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74028 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th March 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Loellmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Wolfe St 88.

Cause of Death, First (Primary). Hydrocephalus Chronicus

Second (Immediate). Convulsions.

Duration of Last Sickness 3 days

the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, March 18 84

Undertaker G. Trance

Place of Business, Bank & Wolfe *Address,* S. Wolfe St 117.

William Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74029 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Noonan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 29 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} 54 Mc Mechen St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 48 hours -

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 17th 1884.

Undertaker, Martin Foley

Place of Business, #120 N. Townsend St.

Clark Van Bibber M. D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7-1039 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frantz Strnat

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 24 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation Drayman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Austria.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 199 Columbia Ave

Cause of Death, First (Primary), Melancholia

Second (Immediate), Suicide by Strangulation

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Lauderpark Cem

Date of Burial, March 18th 1884

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address* 161 So Sharp St

Geo. Beer M. D.

~~Medical Attendant~~

Coroner 2d Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 74031 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Bowers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... Five *Months,* Fifteen *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 50 Welcome Alley

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate),

Duration of Last Sickness, About five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Church

Date of Burial, March 17 1884

Undertaker, W H Chase

Place of Business, 198 Howard St

Julius Ball M. D.
Medical Attendant.

Address, Southern Dispensary ~~Pitt & Lee~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74032

Office of Registrar of Vital Statistics. 20

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 6 Cedar alley

Cause of Death, First, (Primary.) Bronchitis Capillary

Second, (Immediate.) Asthenia

Duration of Last Sickness, 7 da

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, March 18

Undertaker, W N Bishop

Place of Business, 97 Saratoga

W. H. Steiger M.D.,
Medical Attendant.

Address, 7 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 74033

Board of Health, City of Baltimore,

Permit No. 74033 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sadie Polark

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ Months, 7 Days,

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 4 Brewers alley

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, March 18/84

Undertaker W. H. Bischoff

Place of Business,

Medical Attendant. M. D.

Address, Comm'rs of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. Weinman

[OVER.]

No. 73034

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74034 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie V. Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 7 *Months,* ~~~ *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 114 Harmony Lane

Cause of Death, First (Primary), Inal Intestion

Second (Immediate), Marasmus

Duration of Last Sickness, all his Life

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17/84

Undertaker W. M. Dingle

Place of Business, East St

James A Steuart M. D.
Medical Attendant.

Address, Corner of Street & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. Herrman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7403

Board of Health, City of Baltimore,

Permit No. 7403 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Robert Wise

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 5 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 34 N Wiquetta St Cor Chase

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate) Convulsions

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 18/884

Undertaker Henry Hook } James A Steuart M. D.

Place of Business, W Central Ave *Address,* Comm of Health Medical Attendant Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Father

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 74036 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. H. Rhue Lapp

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 276 N. Bond St.

Cause of Death, First (Primary), Variella

Second (Immediate), Pneumonia Hemorrhagica

Duration of Last Sickness, 4 Fourteen days

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 18th 1884

Undertaker Wm. H. Bickman

Place of Business, 284 N. Gay St

G. W. Lust M. D.
Medical Attendant.

Address, Balto & Paul. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7403 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Parker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 638 S Charles St

Cause of Death, First (Primary), Obstruction of the bowel with twisting of intestine

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 18th 1884

Undertaker John S. Mader

Place of Business, No 150 Court St

Medical Attendant. M. D.

Address, 125 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74038 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16-84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Bryant

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 7 *Months,* *Days,*

Color; Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death. {Give street and Number.} 3 Slater Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th 84

Carroll Brooke M. D.
Medical Attendant.

Undertaker L. W. Perkins

Place of Business, 217 Hamburg *Address,* 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 74037

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74039 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 21 *Years,* 1 *Months,* 15 *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 61 Whatcoat St near Presbt

Cause of Death, First (Primary), whooping cough

Second (Immediate), Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 18th 1884

Undertaker Sam'l W. Chase

Place of Business, Howard St

James A Steuart M. D.
Medical Attendant.

Address, Commissioners Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant Jno Mathews

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7-2949 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Barnes

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color Ed Mulatto

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} + Towson Joe

Duration of Residence in the City of Baltimore, + 40 years

Place of Death, {Give street and Number.} 83 Harmony Lane

Cause of Death, First (Primary), Chronic Dyspepsia

Second (Immediate), Exhaustion.

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 18 1884

Henry Chandlee M. D
Medical Attendant.

Undertaker S W Chase

Place of Business, 198 Howard *Address,* 58 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74041 *Office of Registrar of Vital Statistics.* Ward 6 S

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 121 N Washington St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Grave.

Date of Burial, March 18 1884

Undertaker Enoch & Frost. } James E Donnelly M. D.
Medical Attendant.

Place of Business, W. W. Corner Eutaw & Mt. *Address,* 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7404

Board of Health, City of Baltimore,

Permit No. 7404 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 3. 17. 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* —— *Months,* 9 *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 7 Clark al

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 18 1884

Undertaker [illegible]

Place of Business, [illegible] Ave

W. E. Eastman M. D.
Medical Attendant.

Address, 3 [illegible] Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 74043 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

Date of Death, March 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Bacus

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and Number.} 108 Wilkens Alley

Cause of Death, First (Primary), Cold & Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, about 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 1884

Undertaker H Ross

Place of Business, 95 Commerce *Address,* 161 So Stump St

Ernst Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 14044

Board of Health, City of Baltimore,

Permit No. 74044 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Robertson.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days,*

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, house maid.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 58 Chestnut St.

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th 84

Undertaker, William A. Lingo

Place of Business, 62 East St

J. E. Heard, M. D.,
Medical Attendant.

Address, 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74045 *Office of Registrar of Vital Statistics.* **Ward** 6 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 112 N Dallas St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 1884

Undertaker William A Lingan

Place of Business, 62 East St

J J Clark *M. D.*
Medical Attendant.

Address, 132 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7046 *Office of Registrar of Vital Statistics.* **Ward** 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bobbets

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days,*

Color. White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} City Hospital

Cause of Death. First (Primary), ...

Second (Immediate), Suicide from cutting Jugular vein

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 18/1884

Undertaker Geo Rhinehart

Place of Business, Forest Pk

H. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

(18

Permit No. 74047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. Garman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 4 — *Years,* 6 *Months,* 7 — *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 4/12 yrs & 7 D

Place of Death, {Give street and number.} 37 South Hulton St.

Cause of Death, First (Primary,) Nasal Catarrh

Second (Immediate,) General Catarrh

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 19

Jno B. Hidden M. D.
Medical Attendant.

Undertaker, J B Crook

Place of Business, 707 W Baltimore *Address* 84 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/1048 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Rowland

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 13 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} single

Occupation Out —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Town

Duration of Residence in the City of Baltimore, 4 years —

Place of Death, {Give street and Number.} 75 E Common —

Cause of Death, First (Primary), Gastritis

Second (Immediate), — — — — —

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Bell Road A. Cemetery

Date of Burial, March 18

Undertaker D Ahrens

Place of Business, 31 High St

L. Hull M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ck. No. 7404

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 7-10-90 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E. Joyce

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~ Years, ~~ Months, 1/24 Days,

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 58 Perkins St.

Cause of Death, First (Primary), Prolonged & difficult Labor

Second (Immediate), Injury at Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, March 19-1884. James A Steuart M.D.

Medical Attendant.

Undertaker J. B. Cook

Place of Business, W. Balto St *Address,* Commissioner of Health & Physician &c

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father [Joyce]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore, 1884.

Permit No. 74058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LITH. DEPARTMENT MAR 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Beatrice Whitehorne

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kingston Jamaca

Duration of Residence in the City of Baltimore, three Years

Place of Death, {Give street and number} 461 Lexington St

Cause of Death, First, (Primary.) Haemoptisis. Phthisis florida

Second, (Immediate,) Bronchorrhoea

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount olivet cemetery

Date of Burial, March 19th 1884

Undertaker, Geo B Cook

Place of Business, No 707 N Gilmor Street

Alfred Nanstall M. D.
Medical Attendant.

Address, 228 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74057 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Queen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 27 Mason St.

Cause of Death, First, (Primary,) Unrecognized

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 18 of March 1884

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry

A. M. Wilson M. D.,
Medical Attendant.

Address, 257 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 74052 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Shoemaker

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1 Bussey Blackyard

Cause of Death, First (Primary), —

Second (Immediate) Brights Dis of Kidneys

Duration of Last Sickness, —

All the above info marked should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19th 1884

Undertaker John S. Mackey

Place of Business 1150 Eamden *Address,* 158 Race St

Jno D Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74053 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin T. Conley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* Sixteen *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co—

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and Number.} 336 W Pratt St

Cause of Death, First, (Primary,) Falling and Striking the Head

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, Two days—

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 19th 1884

Undertaker, John D. Mackey

Place of Business, No 150 Camden *Address,* 311 W Lombard St

B. F. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 7406

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74067 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3mo 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank P. Slack

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Supervising Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Army Life

Place of Death, {Give street and Number.} 163 Linden ave

Cause of Death, First, (Primary,) Slow nervous fever

Second, (Immediate,) Asthenic paralysis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 19th 1884

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

W. Riley M. D.,
Medical Attendant.

Address, 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 10

Permit No. 74053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Uhler

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 162 Franklin St.

Cause of Death, First, (Primary,) Gastric Ulcer

Second, (Immediate,) Intestinal Catarrh & Conjest Lung

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 19/84

W. K. Uhler M. D.
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* 294 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is Respectfully ... to this Blank to Date of Decease, Back of this Sheet.

Board of Health, City of Baltimore,

Permit No. 7056 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 17th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann McCann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* 11 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rockville Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and Number. } 1051 St Paul St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, three years

All the above Information should be furnished by the Physician.

Place of Burial, Rockville Md.

Date of Burial, March 20/84

Undertaker, ...

Place of Business, ...

..... M. D.,
Medical Attendant.

Address, 23 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a... the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

3170 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 14

Board of Health, City of Baltimore,

Permit No. 7403 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

Date of Death, March 18. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina K. Winter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 303 N. Central av.

Cause of Death. { First (Primary), Meningitis

{ Second (Immediate), Eclampsia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, March 20 1884

Undertaker Henry Hoeck & Son

Place of Business, 309 N. Eutaw St. *Address,* 305 N. Carolin St.

Jno. A. Nartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 14

Board of Health, City of Baltimore,

Permit No. 74058 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Richard Atwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 8 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Actor.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 127 S. Register St.

Cause of Death,
First (Primary), General debility
Second (Immediate), Asthma

Duration of Last Sickness, Three weeks

the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem.

Date of Burial, March 19, 1884

Undertaker H. Saudek & Son

Place of Business 232 Lexington Ad

J. T. Foxwell, M. D.
Medical Attendant.

Address, 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74059 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Baumm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 79 York st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 20th 1884

Undertaker C. F. Knauer & Son

Place of Business, 209 Hanover

H. M. Hebert M. D.
Medical Attendant.

Address, 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7406 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Volker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 14 Baker st.

Cause of Death, First (Primary), Measles

Second (Immediate), "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, March 20

Undertaker Walter Immel

Place of Business, 315 W. Baltimore *Address,*

J. W. Chrisman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 74061 *Office of Registrar of Vital Statistics.* Ward 12 "4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie M Sadler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 2 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 313 Park Avenue

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate.) Asphyxia (gradual)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 20 /84

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74062 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

Date of Death, March 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Munroe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born in Surry Co Md.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 91 Sarah Ann st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Valvular Disease of Heart

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 19 1884

Undertaker, Abt Hensley

Place of Business,

J Haneyfield M. D.,
Medical Attendant.

Address Calhoun & Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 74063 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenora Cooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty eleven *Years,* ~~Months,~~ ~~Days,~~

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} No. 71 Oxford St.

Cause of Death, First (Primary), Parturition

Second (Immediate), Puerperal fever

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 19 1884

Undertaker A. J. Heuselz

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74064 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver O Deaver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 5 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, U S Internal Revenue Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 50 E. Monument St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 19 1884

Undertaker, J Lewis M. D., Medical Attendant.

Place of Business, 413 Lafayette Ave. *Address,* 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74065 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Jo~~ Mrs Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 253 Cross St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 20th 84

Thos Woodward M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14066

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 14066 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Margenath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 S. Chapel St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Mar 19 84

Undertaker W Lipps

Place of Business,

J. Mcallester M. D.
Medical Attendant.

Address, 362 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 74[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 74067 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 18 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilde Boyer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Wht,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 326 E. Pendleton

Cause of Death, First (Primary), Phthisis pulmonum

Second (Immediate), Marasmus

Duration of Last Sickness, 6 month

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Mar 20 84

Undertaker W. J. Scipp[illegible]

Place of Business, *Address,* 259 E. Fayette

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74068 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. H. Bunting

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Planter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Williams St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Genl Debility

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Co

Date of Burial, March 20th 1884

H C Babb M. D.
Medical Attendant.

Undertaker Armstrong Bro

Place of Business, 263 Light *Address,* 60 Main-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3171 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 74069 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jonathan Brown

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Injuries sustained by falling from house 157 N. Front St

Second (Immediate),

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 20th

Undertaker George Schilling

Place of Business, Ashland Square

F. J. Connolly M. D.

Medical Attendant,

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7407 0 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A. Neilson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } —

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, Head of a family

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 229 Lanvale St,

Cause of Death, First, (Primary,) Cardiac

Second, (Immediate,) Embolism,

Duration of Last Sickness, A few weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, March 20th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Edward A. Davis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7407 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J Smith

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Restaurant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} 351 S Bond st

Cause of Death, First (Primary),

Second (Immediate), Strangulated Inguinal Hernia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 20th 84

Undertaker, G. Frank

Place of Business, Pants & Wolf *Address,* 207 S. Broadway

Nicholas L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[rtificate]

Board of Health, City of Baltimore,

Permit No. 7-1072 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 94

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel W. J. Shaw (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = D C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 701 Cherry

Cause of Death, First (Primary), ...

Second (Immediate) Premature Birth

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 20/94

Undertaker H. Saunders & Son

Place of Business, 252 Courtland Ave

L. Meyer Cus M. D. Medical Attendant.

Address, 707 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7407 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Warburg Conrad W. Woolsencroft

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 57 *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Commission Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 390 Hollins St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), do

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 21

Undertaker J B Cook

Place of Business, 707 W. Baltimore *Address,* 317 Madison Ave

Pat Carey Hemsley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore,

Permit No. 7407 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th. 5 a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Burg

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 47 *Years,* —— *Months,* —— *Days,*

Color, White.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, 16 Years.

Place of Death, { Give street and Number. } #14 Scott St.

Cause of Death, First (Primary), Phthisis pulmonalis (acute)

Second (Immediate),

Duration of Last Sickness, 6 weeks.

The above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, 21 March

Undertaker John L. Thacher

Place of Business, 150 Camden *Address,* Columbia Ave & Penna Av

Wm V. Alderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 74075 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Sly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 11 Stockton Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Odd Orchard Cem.

Date of Burial, March 20 1884

Wm. Whitridge M. D.
Medical Attendant.

Undertaker Joseph F. Bryan

Place of Business, 19 N. Eutaw St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 74076 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 42 East St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) per Dr. [illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, March 20 1884

Undertaker, William Dunge

Place of Business, 1062 Eastern Ave *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 12

Permit No. 7407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Smith.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lithmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Baltimore 129 Jordan alley

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Pulmonary Congestion

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, March 20 1884

Undertaker, Wilbur M Berger

Place of Business, No 62 East St

John Dickson M. D.
Medical Attendant.

Address, 26 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 74078 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Hutchins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 10 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and Number.} 44 McHenry St

Cause of Death, First (Primary), Fracture of the Skull,

Second (Immediate), Compression of the brain

Duration of Last Sickness, 22 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 20th 1884

Undertaker H. Wiegand

Place of Business, 166 Druid Hill Ave

Dr. Bell M. D.

~~Medical Attendant~~ Coroner

Address 161 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7407 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Forsberger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and Number.} 616 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Inflamation of the Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Werton

Date of Burial, March 20

Undertaker P. Wilson

Place of Business, 82 West St *Address,* 146 Hanover St

Theodore Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 74080 *Office of Registrar of Vital Statistics.* Ward 12 "

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter V Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two *Years,* Nine *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } #20 Baker St

Cause of Death, First, (Primary,) Measles (Saw the Child but once Had not doctor previously Was in a dying condition when I saw it)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Mar^c 20^th 1884

Undertaker, F. Wiegand

Place of Business, 166 Druid Hill Ave *Address,*

A C Pole *M. D.,*

Medical Attendant.

No 1 North ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7/081 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John N. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* 20 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Eutaw House.

Cause of Death, First (Primary). Pneumonia

Second (Immediate).

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 22d 1884

Edwd F. Michael M. D.
Medical Attendant.

Undertaker H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts. *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 74082. *Office of Registrar of Vital Statistics.* Ward 10 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3, 19, 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catto. M. M. Brazier

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 15 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 319 Saratoga

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 3 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 21st 1884

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw

D. M. Eastwood M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 74083 *Office of Registrar of Vital Statistics.* **Ward** 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Green

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 15 *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 4 Slogdow Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, 13 months

the above information should be furnished by the Physician.

Place of Burial, Charles Co

Date of Burial, March 21 1884

Undertaker Norgent & Bro

Place of Business, 9 mulBury st

Geo. C. Shannon M. D.
Medical Attendant.

Address, 176 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 74084 *Office of Registrar of Vital Statistics.* Ward 13 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Patrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 10 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Septem

Place of Death, {Give street and Number.} 24 Barton Ave

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 20th 1884

Undertaker, Jos B. Cook

Place of Business, No 707 W Balt St

Wm H Wotten M. D.,
Medical Attendant.

Address, 342 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 74085 Office of Registrar of Vital Statistics. Ward 14 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sullen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and Number.} 153 Hollins

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 21st 1884

Undertaker Jos. B. Cook

Place of Business, No 707 W Baltimore St

James S Booley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 74086 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cooper -

~~Sex,~~ Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, Colored -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1 & 7 years -

Place of Death, {Give street and Number.} 23 Oxford st.

Cause of Death, First, (Primary,) Organic disease of Heart.

Second, (Immediate,)

Duration of Last Sickness, some months (died suddenly)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, March 21 1884

Undertaker, S N Haas

Place of Business, 198 Howard

Chas. H. Ruby M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 74087 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Jindra

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and Number. } 34 E Biddle St

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mo

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar. 21

Undertaker, H Blotkamp

Place of Business, 253 E Lombard

Irving Miller M. D.,
Medical Attendant.

Address, 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 74088 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Vorteck

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Since Birth.

Duration of Residence in the City of Baltimore ...

Place of Death, {Give street and Number.} 259 S Bond St

Cause of Death, First (Primary), Convulsions Internal

Second (Immediate), ...

Duration of Last Sickness, One day

the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, March 20th

Undertaker Coach & Furst

Place of Business, S W Cor Gay & Fayette Sts.

John H. Kehberger M. D.
Medical Attendant.

413 Alice Anna St.
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 74089 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 March 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Walters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } No 3 Parrish alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 3 Parrish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Sharps St Cem'y

Date of Burial. March 20th 1884

Undertaker. W J. Gray

Place of Business, 45 Mulberry

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7409 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarance D Lutman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 1 *Years,* 10 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bolto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 148 Dillon St

Cause of Death, First (Primary), Rubeola

Second (Immediate), Broncho Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 21st 83

E. Shriver, *M. D.*
Medical Attendant.

Undertaker G. Franca

Place of Business, Davis & Wolfe *Address,* 23 Caldwell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore.

Permit No. 7409 *Office of Registrar of Vital Statistics.* **Ward** 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* 6 *Months,* 0 *Days,*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs & 6 Months

Place of Death, {Give street and Number.} 331 Hoffman st

Cause of Death, First (Primary), Unknown

Second (Immediate), Dyptheria

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 21 1884

Benj F Bohrer M. D.
Medical Attendant.

Undertaker Al. Hemsley

Place of Business, 116 Division st *Address,* Cor of Druid Hill Ave & Dolphin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore.

Permit No. 74092 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Eables

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and Number.} No 106 Boyd St

Cause of Death, First (Primary), Uraemic Poison following Confinement

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, March 21 st 1884

Undertaker Jas R Nash

Place of Business, No 707 W Baltimore street *Address,* 306 N. Gayette St

Chas H Neff M. D.
Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7+093 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 18th 84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 80 *Years,* — *Months,* — *Days,*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. } V

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give street and Number. } 5 Hillen St

Cause of Death, First (Primary), Old Age

Second (Immediate), Valvular disease of Heart.

Duration of Last Sickness, Six or eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 21 84

Undertaker Adt Hunsley

Place of Business,

Atwood M. D.
Medical Attendant.

Address, 57 & 21 Gaston & Ca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 74094 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th. March. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Parzynski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give street and Number.} 2. Amstrect 296

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate)

Duration of Last Sickness, 8 days.

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar 21 /84

Undertaker W. Coppid

Place of Business,

William Heuisler M. D.
Medical Attendant.

Address, S. Wolfe & Ms

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 74095 *Office of Registrar of Vital Statistics.* **Ward** 18 I

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles D Klaus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 62 Fred- Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem.

Date of Burial, March 21 84 James Boolay M.D.

Undertaker John P. Pinder Medical Attendant.

Place of Business, 66 Fred. Ave, *Address,* 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 74096. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 21, 1884

Full Name of Deceased; {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Garrett Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 S Fulton St

Cause of Death, First (Primary),

Second (Immediate) Inflammation of Brain

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 22nd 1884

Lemuel Bolton M. D.
Medical Attendant.

Undertaker Thos B. Cook

Place of Business, No 707 W Baltimore Street *Address,* 319 Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 7497 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, March 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg & Schumann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Stove Finisher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } No. E. Eager St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem

Date of Burial, March 22d 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St

J. W. Fisher M. D.
Medical Attendant.

Address, No. E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 74098 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March the 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Eduards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 114 Harmony Lane

Cause of Death, First (Primary), ...

Second (Immediate), Heavy Cold, Pneumonia Catarrhal

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 21st

Undertaker Wm M. Dongan

Place of Business, 62 East St

J Alan A Steuart M. D.

~~Medical Attendant.~~ Coroner & Asst Registr

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Emanuel Weinman [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this

Board of Health, City of Baltimore,

Permit No. 74099 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20 '84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} R. S. Lowe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Balto.

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and Number.} Cor. Madison & Hanford Ave.

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate), Meningitis

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21. 1884

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

J. H. Robinson M. D.
Medical Attendant.

Address, 25 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 74

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7/100 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. William Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2111 N. Eden st.

Cause of Death,
First (Primary), Membranous croup
Second (Immediate), Dyspnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Greenmt. Cemetery

Date of Burial, March 22nd

Undertaker Geo Schilling

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

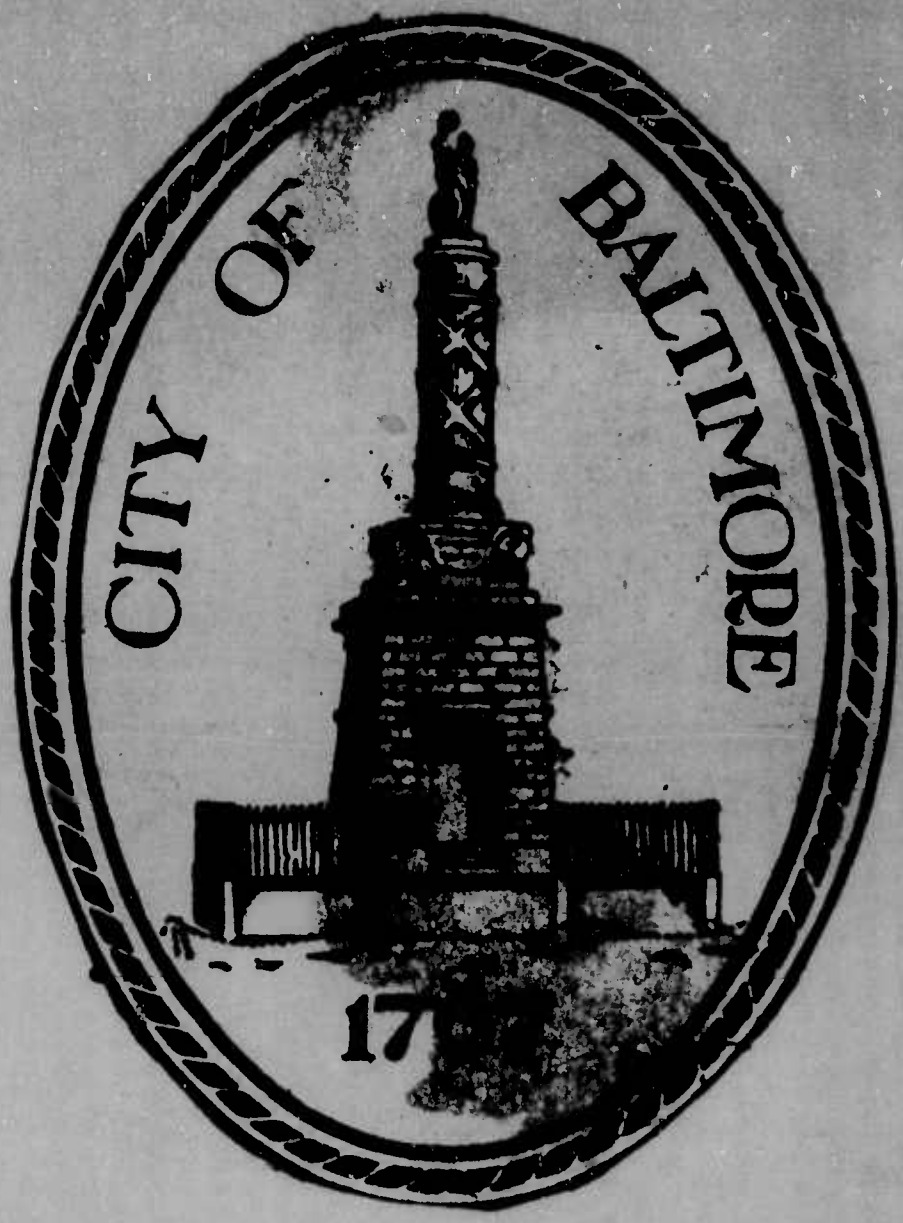
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 29th DAY OF 19. THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #70701 - 12/26/83 AND ENDING WITH #74100 - 3/20/84 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O Kline



END OF REEL